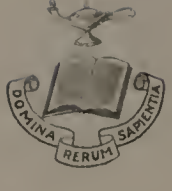

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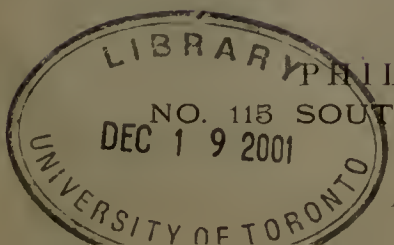

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ARNOLD, A. B., 486.
AYDELOTTE, JOHN S., 196.

BANNING, E. P., 70.
BARR, D. M., 221, 372.
BEATES, HENRY, JR., 425.
BEAVER, D. B. D., 174.
BIGELOW, HORATIO R., 1, 378, 465, 533.
BLACK, J. R., 419.
BLACKWELL, E. T., 139.
BLAIR, C. A., 107.
BLOUNT, C. N., 553.
BOENNING, HENRY C., 359.
BOWCOCK, J. W., 134.
BROWN, J. J., 240.
BURR, H. N., 174.

CHISOLM, J. J., 337.
CLARK, F. E., 63.
COHEN, J. SOLIS, 507.
CONNER, J. J., 262.
COOMES, M. F., 472.
CORDELL, EUGENE F., 62, 337.
CRAIGEN, W. J., 2, 94.
CRANDALL, CHAS. R., *Report*, 401, 440.
CROTHERS, T. D., 157.
CULLEN, ROBERT J., 20.

DA COSTA, PROF., *Clinic*, 5, 74.
DELAFIELD, FRANCIS, 469.
DAWSON, W. W., *Clinic*, 205.
DODD, W. S., 85.
DOWNEY, J. W., 261.
DUHRING, LOUIS A., *Clinic*, 230.
DULLES, CHAS. W., *Report*, 528.

EAMES, WM. M., 129.
ERSKINE, A. R., 217, 284.
ESKRIDGE, J. T., 334.
FISH, WM. H., 417.
FREEMAN, C. A., 305.

GAILEY, W. M., 247.
GOODELL, WILLIAM, *Clinic*, 528.
GRANT, H. HORACE, 244.
GREEN, C., 217.
GREEN, H. L., 63.
GREEN, TRAILL, 65.
GREENE, L. M., 151.
GUITERAS, JOHN, *Clinic*, 29.

HALLORAN, M. J., 437.
HAMILTON, GEORGE, 545.
HARRIS, R. H. S., 106.
HARPER, ANDREW, 285.
HENSLEY, J. W., 481.
HEREFORD, J. W., 217.
HERRICK, O. E., 48.
HENNING, JOHN A., 86.
HESS, ROBT. J., 356.
HICKMAN, J. W., 314.
HILL, E. W., 287.
HILL, GEORGE, 310.
HOLMES, JOHN C., 42.
HORNER, FRED., JR., 116, 219.
HOYT, W. D., 135.
HUBBARD, S. P., 21.
HUDSON, A. S., 524.
HUTCHINSON, JAS. H., *Clinic*, 138, 249.

JOHNS, P. W., 62.

KELCH, A. H., *Report*, 119, 205, 274, 472.
KILPATRICK, A. R., 240.
KING, G. W., 553.

LANDESBERG, M., 375.
LATHROP, G. H., 549.
LEEDOM, OSCAR, 285.
LEVIS, R. J., *Clinic*, 52, 449.
LIMBERMAN, J. O., 204.

MANNING, E. S., 195.
MARTIN, W. L., 129.
MATLACK, S., 195.
MAXWELL, C. S., 128.
McCOART, JAMES, 62, 285.
MERRICK, C. H., 400.
MILLARD, F. R., 305, 329.
MONTGOMERY, E. E., 23.
MOORE, J. H., 351.
MORRISON, J. B., 371.
MOSELEY, H. A., 85.
MUSCROFT, C. S., *Clinic*, 119.

NEFF, JOS. S., 309.
NYE, H., 328.

ODLIN, CHAS. C., 260.
OTT, ADOLPH, 437.

PACKARD, JOHN H., 218.
PATTON, F. H., 107.
PENNELL, W. W., 177.
PEPPER, WM., 133, 182, 243, 331, 411, 485, 521.
PERL, M., 43.
POLK, WM. M., 290.
POLLOCK, S. D., 416.
POPE, THOS. A., 137.
POTSDAMER, JOS. H., 317.

READ, N. S., 152.
REED, BOARDMAN, 28.
RIHL, H., 155.
RUSH, E. W., 41.

SAMS, C., 174.
SCHELL, HENRY S., 45.
SCOTT, T. J., 180.
SNYDER, D. J., 316.
SOUWERS, G. F., *Report*, 52, 92, 138, 249.
SOZINSKEY, T. S., 67, 89.
STEWART, THOS. H., 482.
STILLMAN, W. O., 445, 463.
STINSON, J. E., 218, 482.
STONE, E. P., 111.
STUART, A. B., 25.
SUTTON, R. STANSBURY, 86, 511.

TADLOCK, A. B., 20.
THOMAS, J. P., 96.
THOMAS T. GAILLARD, *Clinic*, 160.
THORWARTH, J. F., 416.
TODD, WM. C., 372.
TUCKERMAN, L. B., 260.
TURNBULL, CHAS. S., 248.
TURNBULL, LAURENCE, 152, 199, 360, 508.

VANCE, REUBEN A., 397.
VAN VALZAH, W. W., 401.
VARIAN, WM., 284, 329.

WATHEN, WM. H., 427.
WARREN, JOSEPH H., 239, 265.
WATSON, R. B., 305.
WAUGHOPE, S. A., 289.
WEIR, DR., 353.
WHITTAKER, JAS. T., *Clinic*, 274.
WIREBACK, I. J., 136.
WOODBURY, FRANK, *Report*, 5, 74.
WRIGHT, J. W., *Clinic*, 110.

YOST, GEORGE P., 283.
YOUNG, J. GILBERT, 229.

INDEX.

Abdomen, rupture of the duodenum from a blow on the, 407.
Ablation of the tongue, 449.
Abnormality in the kidneys, 10.
Abortion; through sympathy, 40; induced by water traveling, 61; threatened, viburnum prunifolium in, 303, 365.
Abscess; perityphlitic, treated with aspiration through the rectum, 100; significance of tension in, 106; pelvic, 295.
Absence of mind a sign of incipient mental disease, 434.
Abuses of free medical relief, 108, 170, 302.
Accumulations in the ear: cough produced by, 408; causes of, 496.
Acid; *benzoic*, in acute articular rheumatism, 343; *boracic;* in inflammation of mucous membranes, 431; use of, 454; *carbolic;* fumes of, in whooping cough, 84; antidote for, 281; in typhoid fever, 364; poisoning by, 501; *carbonic*, in the air, 32; *chrysophanic* in psoriasis, herpes and pityriasis, 393; *hydrofluoric*, inhalations of in diphtheria, 19, 173; *metaphosphoric*, a test for albumen in urine, 552; *salicylic;* effects of, 187; mixture 281; in acute rheumatism, 366; is it injurious to the teeth? 480; in yellow fever, 516; *sclerotinic*, physiological effect and therapeutic value of, 143; *sulphuric;* as a prophylactic in cholera, 150; in diphtheria, 171; *uric*, calculi, borocitrate of magnesia as a solvent of, 347; phosphate, does its continued use induce urinary concretions? 457.
Action: of benzoate of sodium, 127; of strychnia, 127; of copaiba, 144; of milk, 152; nerve and medicinal, correlation of, 180.
Acupressure of the spermatic veins for varicocele, 188.
Acupuncture in aneurism, 282.
Acute; gonorrhœa, mixture for, 193; glaucoma, ice in, 195; rheumatism; collodion in, 214, 303; benzoic acid in, 343; salicylic acid in, 366; insulation for, 371; suppuration of joints after, 552; gastro-enteritis of children, hydrate of chloral in, 350; bronchitis, formula for, 179; phthisis in a dog, from direct contagion, 541.
Adherent placenta after miscarriage, 42.
Adjustable supports and the gypsum jacket in spinal debility, 70.
Administration; internal, of carbolic acid in the treatment of typhoid fever, 364; of ergot in labor, 370; of chloroform and ether, their relative safety, 392; of koosso, 480.
Adult; brain, reëducation of, 74; life, relations of atelectasis and capillary bronchitis to asthma in, 384.
Adults, summer diarrhœa of, 378.
Adulterated and unintentionally poisoned food, 215.
Advance of college fees, 395.
Advantage of the median over the lateral operation for encysted calculi, 209.
Advertisements, quack, the results of 483.
Affections; malarial, the tongue in, 61; painful, liniment for, 171; inflammatory, ergot in, 214; nervous and neuralgic, symptomatic of defect of the eye, 287.
Agent, therapeutic, in chronic disease of the respiratory mucous membrane, 507.
Aid to the diagnosis of intemperance, 172.
Air; of the sea and quinia combinations for malaria, 28; carbonic acid in the, 32; cold, as an antipyretic and antiseptic, 349.
Albumen in urine, a delicate test for, 552.
Albuminate of iron, its preparation and use, 189.
Albuminoid degeneration of the liver, spleen and kidneys, 331.
Albuminuria: with healthy kidneys, 39; arsenic in, 548.
Albuminuric retinitis, 338.
Alcohol; deaths from, 197: use of, 458.
Alcoholic medication inducing habits of drunkenness, 219.
Alcoholism; chronic, faradization in, 168; and crime, 263; does it lead to insanity? 348.
Ales and beers, considered medically, 103.
Alimentary tract, alterations in the, in pulmonary consumption, 458.
Alimentation, rectal, 497.
Alkaline; chlorates, therapeutic value of the, 50; solutions, injections with, 75.
Alleged yellow fever in Memphis, 307.
Allied features of scarlet fever, 67, 89.
Alterations in the alimentary tract in pulmonary consumption, 458.
Alumni association meetings, 262.
Alveoli, pulmonary, hyper-distention of the, 507.
Ambulant typhoid, 381.
American; veterinary college commencement, 242; philosophical society centennial, 263.
Amnion, complete expulsion of the, 284.
Ammonio-sulphate of copper in neuralgia, 39.
Ammonium, benzoate of, in pulmonary phthisis, 393.
Amputation; at hip, 206; at shoulder, 553.
Anæmia; sulphate of zinc in, 104; iron and oxygen in the treatment of, 259; a case of, 403.
Anæsthesia; in labor, 221, 231; of the larynx, 234; symmetrical irritation and, 282; in endo-laryngeal operations, 321.
Anæsthetic; compressed nitrous oxide as an, 64; bichloride of ethidene as an, 80; local, bromide of potassium as a, 281; operation on a horse under an, 283; inhalation in parturition, 372.
Anæsthetics, pain and, 199.
Anal fissure, treatment of, 522.
Anatomical reasons for dextral preference in man, 407.
Anchylosis, false, of the hip joint, 207.
Aneurism; acupuncture in, 282; lecture on, 169.
Angina pectoris, therapeutic value of nitro-glycerine in, 365.
Animal; vaccination, 197; magnetism, 304.
Animation, suspended, method of restoring, 60.

Another cremation, 208.
Ante-partum hemorrhage, ergot in, 160, 548.
Anthelmintic, a new, 523.
Anti-: odontalgic, 104: vivisectionists, 219.
Antidote: to tobacco, 220: to carbolic acid, 281.
Antipyretic, cold air as an, 349.
Antiseptic; a new, 389: vapors, improved method of applying, 458: method of treatment, 476.
Anus, imperforate, 240, 454.
Aphasia, 74, 432.
Apollo Belvidere, 286.
Apomorphia in hysteria, 370.
Apoplectic effusion, 7.
Appearance of man on the globe, 131.
Application; of the hot water vaginal douche, 54; of oxygen to ulcerating surfaces, 120; of collodion, in acute rheumatism, 214, 303; topical, of camphor to chronic ulcers, 369; of ergot in pruritus vulvæ, 392; of metals and the magnet, 437; of antiseptic vapors, 458; external, of carbolic acid, poisoning by, 501; of salicylate of lime in chancroidal ulcers, 502; of warm vinegar and mullein, in sciatica, 545.
Areola, eczema of the, preceding carcinoma of the breast, 259.
Areolar-hyperplasia, 160.
Arm, restoration after complete separation of the hand from the, 541.
Army, French, phthisis in the, 480.
Arrangement of statistics, 106.
Arsenic; in diseases of children, 299; in neuralgia, 522; in albuminuria, 548.
Arsenical poisoning; chronic, symptoms of 169; treatment of, 320.
Arteries, atheroma of the, 133.
Artery, subclavian, ligation of the, 134.
Arthritis, chronic, iodoform in, 149.
Articular rheumatism; benzoic acid in, 343; suppuration of joints after, 552.
Artificial; vanillin, its properties, 19; respiration, prolonged, 371.
Asphyxiated, method of restoring the, 495.
Aspidosperma quebracho in dyspnœa, 81.
Aspidium marginale in tapeworm, 282.
Aspiration; through the rectum, for perityphlitic abscess, 100; of the bladder for retention of urine, 194.
Assist the hearing, instruments to, 218.
Asthma, relations of atelectasis and capillary bronchitis to, in adult life, 384.
Asylum; the new, at Norristown, Pa., 88; for lepers, at Havana, 373.
Asylums, lunatic, regulations for, 21.
Atelectasis in relation to asthma in adult life, 384.
Atheroma of the arteries, 133.
Atlantic City as a winter health resort, 153.
Atrophy, progressive muscular, 274, 431.
Attacks of sneezing, 171.
Attention to slight perineal lacerations, importance of, 80.
Atropine eczema, 459.
Audiphone, improvement in the, 87, 145, 248.
Autopsy; in recent apoplectic effusion, 7: in vulvo-vaginal thrombus, 23.

Back, lipoma of the, 10.
Bacteria, certain, their vitality when exposed to a low temperature, 150.
Balsam copaiba in the treatment of jaundice, 150.
Balsamum antarthriticum indicum, 18.
Bark, coto, in diarrhœa, 457.
Bath; cold, in typhoid fever, 57; in infantile convulsions, 57; Turkish, effects of the, 216.
Battey's formula, 214.
Beers and ales considered medically, 103.
Belladonna; in chronic constipation, 76: in diseases of the intestines, 174; in heart disease, 548.
Beneficial influence of quebracho in dyspnœa, 84.
Benzoate; of sodium, 64, 127, 171; in pulmonary tuberculosis, 327; in ulcerated sore throat, 347; in gonorrhœal ophthalmia, 370, 435; of ammonium in pulmonary phthisis, 393.
Benzoic acid in acute articular rheumatism, 343.
Benzoin, compound tincture of, in toothache, 303.
Best vehicle, the, 241.
Bile ducts, inflammatory obstruction of the, 331.
Bichloride of ethidene as an anæsthetic, 80.
Biliary calculi, 138.
Birth; quintuple, 440: quadruple, 482.
Bite of snakes, deaths from, in India, 118.
Blackberries as a tænifuge, 126.
Bladder; aspiration of the, for retention of urine, 194; removal of a neoplasm from the, 503.
Blindness, color, in railroad employes, 196.
Blistering in pneumonia, 110, 129, 173, 198, 217.
Blood casts of bronchi, 328.
Bloodless amputation at the hip, 206.
Blow on the abdomen causing rupture of the duodenum, 407.
Board of health; veterinary, 65; national, 351.
Bogus diploma business, 307, 323.
Bone-setter's case, the, 207.
Boracic acid; in inflammations of mucous membranes, 431: use of, 154.
Borax in pulmonary tuberculosis, 327.
Borocitrate of magnesia as a solvent of uric acid calculi, 347.
Boy, a calculating, 550.
Brain; adult, re-education of the, 74; tumor in the, 340; exhausted, danger of intellectual exertion of the, 429.
Breast, carcinoma of the, preceded by eczema of the nipple and areola, 259.
Bromide; of ethyl as an anæsthetic, 92; of potassium as a local anæsthetic, 281; in the vomiting of pregnancy, 303.
Bronchi, blood casts of, 328.
Bronchial catarrh, dangers of, 383.
Bronchitis; parasitic, 62; treatment of 186; capillary, in relation to asthma in adult life, 384; acute, formula for, 479.
Bubo, malarial, 388.
Buboes, suppurating, sulphide of calcium in, 500.
Burn, mishaps attending the treatment of a, 240.
Burns, nitrate of silver in, 193.

Cabinet, the pneumatic, 234.
Cæsarean section, extraordinary, 417.
Calcium, sulphide of, in suppurating buboes, 500.
Calculating boy, a, 550.
Calculation for sanitarians, 23.
Calculi; biliary, 138; urethral, 206; encysted, advantage of the median operation in, 209.
Calomel, iodide of potassium and, 127.
Camphor, salicylated, as a topical application to chronic ulcers, 369.

Cancer: starving out, 40; use of turpentine in, 349, 540.
Candies, what they contain, 436.
Capillary bronchitis, in relation to asthma in adult life, 384.
Carbolic acid; fumes in whooping cough, 84; antidote for, 281; in typhoid fever, 364; poisoning by the external application of, 501.
Carbonic acid in the air, 32.
Carcinoma of the breast preceded by eczema of the nipple and areola, 259.
Cardiac disease, morphia in, 19.
Case; of vulvo-vaginal thrombus, 23, 128; of adherent placenta after miscarriage, 42; of cholecystotomy, 56; of prolonged gestation, 58; of sarcina ventriculi and dilated stomach, 75; of eczema, 87; of recovery from opium poisoning, 96; fatal, of enlarged tonsils, 107; of spontaneous rupture of the uterus, 135; of ovarian tumor with ovariotomy, 136; of urticaria yielding to electricity, 167; the "bone setters," 207; of vitriol-throwing, 229; of early viability, 260, 351, 459; of quadruplets, 261; of congenital talipes varus, 283; of morbid sensitiveness, 286; of transfusio sanguinis, 359; of perimetritis, 372; of cerebral thrombosis, 383; of protracted labor, 393; of imperforate anus, 454; of extra-uterine pregnancy, 504; of poisoning by phytolacca decandra, 505; of strangulated femoral hernia, 518; of hermaphrodism, 541; of heart disease treated with belladonna, 548; of injury to spinal cord, 553.
Cases; 300, of midwifery, 42; operated on under the influence of bromide of ethyl, 92; of prolonged hiccup, 155; of chronic alcoholism treated by faradization, 168; of double equino-varus, 208; of puerperal convulsions, 218; of paralysis, 249; of hernia cured by injecting the rings, 265; of nerve stretching, 277; of hysteria, with unusual symptoms, 289.
Catalepsy, 10.
Cataract; incipient, 337; sympathetic ophthalmia consequent upon linear extraction of, 375.
Catarrh; gastro-enteric, 143; chronic nasal, 233; intestinal, in children, 327; bronchial, 383; encalyptus globulus in, 414.
Catillon's chloral pomade, 347.
Cause; of paralysis, a, 253; of pertussis, 388; of ceruminal accumulation in the ear, 496.
Causes; of goitre, 127; of lateral movements of the knee joint, 172; of fatigue in reading, 340.
Caustic; in the treatment of ophthalmia, 167; nitrate of silver, improved, 371.
Cautions in transfusion, 128.
Ceanothus Americanus in diarrhœa, 21.
Cellulitis; death from, 10; peri-uterine, 116; pelvic, 290.
Cerebral; thrombosis, 383; tumor, simple polyuria depending on, 415; shock in pneumonia, 547.
Cerebrum, localization of function in the, 387.
Certain bacteria, vitality of, 150.
Ceruminal accumulation in the ear, 496.
Cervical endometritis, medicated sponge tents in, 413.
Cervix; modification of Dr. Emmet's operation for laceration of the, 48; precautionary closure of laceration of the, 86; malignant disease of the 163; sponge attached to the, 341; laceration of the, 511, 538.
Chalk pigment, 104.
Chancroidal ulcers, topical application of salicylate of lime in, 502.
Change of life, reappearance of menstruation after, 281.
Changes; in the U. S. Marine Hospital Service, 64, 330; senile, so-called, 430.
Charities; medical; and general, 109, 170; prevention of the abuse of, 302.
Checking dental hemorrhage, 126.
Chest, petroleum in diseases of the, 259.
Chewing tobacco, 132.
Cheyne-Stokes respiration, 100.
Chian turpentine in the treatment of cancer, 540.
Chilblains, formula for, 214.
Child; new-born, treatment of the, 2; living, removed ten minutes after the death of its mother, 189.
Children; diseases of, 10; treatment of convulsions in, 121; of scarlatina in, 453; arsenic in diseases of, 299; intestinal catarrh in, 327; hydrate of chloral in acute gastro-enteritis of, 350; dangers of chronic bronchial catarrh in, 383; of cold water enemata in the diarrhœa of, 482.
Chloral; in diphtheria, 104; effects of the long continued use of, 187; in the treatment of tumors, 194; in the vomiting of pregnancy, 258; in puerperal eclampsia, 276; and cod-liver oil, 281; pomade, 347; in acute gastro-enteritis of children, 350; hydrate of, how to use it, 394; in gonorrhœa, 500.
Chlorate of potash in diphtheria, 21.
Chlorates alkaline, therapeutic value of the, 50.
Chloride; of zinc in nasal polypus, 149; of potassium in whooping cough, 325; of sodium in diphtheria, 412.
Chloroform; how to test it, 12; in lumbago and sciatica, 384, 522; and ether, relative safety of, 392; vapor for earache, 479.
Chlorosis, iron and oxygen in the treatment of, 259.
Cholagogue, euonymin as a, 35.
Cholecystotomy, first successful case of, 56.
Cholera, sulphuric acid as a prophylactic in, 150.
Chorea, an epidemic of, 440.
Chronic; constipation, treated with belladonna, 76; arthritis, iodoform in, 149; ovaritis, 160; alcoholism, faradization in 168; arsenical poisoning, 169; cystitis treated by ergot, 210; eczema, 219; nasal catarrh, 233; ulcers treated by topical applications of salicylated camphor, 369; bronchial catarrh, dangers of, 383; disease of the respiratory mucous membrane, 507.
Chrysophanic acid in psoriasis, herpes, and pityriasis, 393.
Chyluria, 334.
Cinchona; 198; for drunkenness, 215.
Cities, sanitary condition of, 263.
Climate; effects of forests on, 20; its influence on disease, 296.
Climatic features of scarlet fever, 67, 89.
Clinical studies of inebriety, 157.
Clitoris, enlarged, 321.
Closure, precautionary, of laceration of the cervix uteri, 86.
Clot in the heart, 138, 318.
Cod-liver oil; ether with, 61; emulsion, 154, 198; and chloral, 281.
Coils, for cooling water, 242.
Cold; baths; in typhoid fever, 57; in infantile

convulsions, 57; water in post-partum hemorrhage, 144; a Parisian, 282; air as an antipyretic and antiseptic, 349; enemata; in fever, 386; in diarrhœa of children, 482.
Colic; hepatic, treatment of, 320; spermatic, 454.
College; fees, advaace of, 395; commencements, 220, 261.
Colleges, frandulent medical, 241.
Collodion in acute rheumatism, 241, 302.
Color blindness in railroad employees, 196.
Combinations of quinia and sea air for malaria, 28.
Commencement of the American Veterinary College, 242.
Complete; expulsion of the amnion, 284; separation of the hand from the arm—restoration, 541.
Complication; of typhoid fever with heart disease, 5; of disease of the kidneys with heart disense, 548.
Complications of nasal polypus, 406.
Compound tincture of benzoin in toothache, 303.
Compressed nitrous oxide as an anæsthetic, 65.
Compulsory vaccination; proposed, in France, 417; opposed on religious principles, 506.
Conception, effects of, on nervous system, 523.
Concretions, urinary, does the continued use of acid phosphate induce them, 437.
Condition; sanitary, of cities, 263; of the eye during sleep, 459; of the spinal cord in phosphorus poisoning, 546.
Congenital; talipes varus spontaneously cured, 283; diverticulum of the œsophagus, 413; of variola, 552.
Congestive dysmenorrhœa, ergot in, 387.
Conical cornea, 338.
Conjugate, contracted, version in, 111.
Consanguineous marriages in relation to deaf-mutism, 326.
Conservative midwifery, 535.
Consideration, medical, of beers and ales, 103.
Constipation; chronic, treated by belladonna, 74; habitual, pill in, 126.
Constitutional taints, 41.
Consumption; pulmonary, alterations in the alimentary tract in, 458; of quinine, 462.
Consumptives, therapeutic and hygienic management of, 321.
Contagia, scarlatinal and diphtheritic, their nature and interchangeability, 344.
Contagion; Prof. Tyndall's theory of, 65; acute phthisis in a dog, from, 541.
Contagiousness of leprosy, 215.
Continued; fever, 29, 241; use of acid phosphate, does it induce urinary concretions? 437.
Contracted conjugate, version in, 111, 119.
Convalescence from typhoid fever, the diet in, 41.
Convenient means of producing anæsthesia of the larynx, 234.
Convulsions; infantile, cold bath in, 57; puerperal, 85, 137, 218, 400, 416, 481; veratrum viride in, 350; in children, treatment of, 121.
Cooperative drug stores, 307.
Copaiba; poisonous action of, 144; in the treatment of jaundice, 150; in the treatment of leprosy, 369.
Copper, ammonio-sulphate of, in neuralgia, 39.
Cord, spinal; its condition in phosphorus poisoning, 546; injury to the, 553.
Cords, vocal, stammering of the, 121.
Cornea, febrile herpes of the, 517.
Corneal transplantation, 17.
Correlation of nerve and medicinal action, 180.
Corrosive sublimate in syphilis, 328.
Coto bark in diarrhœa, 457.
Cotton-leaf as a galactagogue, 258.
Cough; whooping; carbolic acid fumes in, 84; quinine in, 193; chloride of potassium in, 325; produced by accumulations in the ear, 408.
Coup de soleil, 533.
Cowpox, its relation to smallpox, 346.
Cows, inoculated, vaccine from, 329.
Craniology; information wanted, 131.
Cream-puff poisoning, 55.
Cremation, 263.
Crime, alcoholism and, 263.
Criminal; decapitated, experiments upon the head of a, 150; resuscitation of, after execution, 505.
Criticism upon the National Board of Health, 351.
Croup; rules for the treatment of, 34, 298; membranous, oxygen inhalations in, 317.
Cruelty to women, 483.
Cryptogamous growth, its relation to malarial poison, 60.
Culture, physical, its objects, 59.
Cupric test pellets, 309.
Cure; for tapeworm, 83; of laceration of the cervix uteri, 86; of gleet, 104; of uterine fibroid by ergot, 151; for drunkenness, 215; of hernia, 239, 259, 265; of congenital talipes varus, 283; of hydrocele, 285; of a traumatic salivary fistula, 343; of internal hemorrhoids, 397.
Curious; case of urticaria yielding to electricity, 167; mental relations of self-consciousness, 192; phenomena of hypnotism, 480.
Curvature, lateral, of the spine, treated by a new method, 342.
Cystitis; chronic, treated by ergot, 210; sandal-wood oil in, 284.
Cystoscope, the 237.
Cysts, hydatid, of the liver, treatment of, 496.

Dampness of soil productive of phthisis, 41.
Danger; attending the use of salicylic acid in acute rheumatism, 366; of chronic bronchial catarrh in young children, 383; of habitual headache and intellectual exertion of the exhausted brain, 429.
Deaf-mutism; relation of consanguineous marriages to, 326; treatment of, 502.
Death; from sarcoma of the jaw, 9; after lumbo-colotomy, 10; from cellulitis, 10; of Gen. Washington, 175; of a mother, living child removed ten minutes after the, 189; from alcohol, 197; from snake bites in India, 418; sudden, of physicians, 461; from delirium tremens, 505.
Debility, spinal, treatment of, 70.
Decapitated criminal, experiments upon the head of a, 150.
Defect; of the eye, nervous and neuralgic affections symptomatic of, 287; of the pericardium, 457.
Defervescent, formiate of sodium as a, 40.
Degenerated tissue, use of Faulkner's spoon in removing, 210.

Degeneration; mucoid, 11; albuminoid, of the liver, spleen and kidneys, 331.
Delicate test for albumen in urine, 552.
Delirium tremens, death from, 505.
Deliver the placenta, when and how, 305.
Denmark, suicides in, 370.
Dental; hemorrhage, to check, 126; college commencements, 220.
Dentaphone, the, 145, 175.
Dependent position of the head in operations on the mouth and throat, 168.
Dermatitis from dye stuff, 231.
Dextral; preference, anatomical reasons for, 407; valvular disease of the heart, 474.
Diabetes; nitrate of uranium in, 258; and sepsis, 459; in relation to insanity, 523.
Diagnosis; of intemperance, 172; of insanity, 325; of cerebral thrombosis, 383; of ringworm of the head, 388; of sex, 427.
Diagnostic; value; of lateral movements of the knee joint, 172; of temperature in intestinal obstruction, 348; symptom of fractured femur, 524.
Diagnostics of kidney diseases, 40.
Dialysed iron in diseases of women, 219.
Diaphragmatic pleurisy, 409.
Diarrhœa; ceanothus Americanus in, 21; the salicylates in, 56; treated by ice-water injections, 106; suggestions in, 122; summer, of adults, 378; coto bark in, 457; of children, cold water enemata in, 482.
Dictionary, new English, the medical part, 257.
Diet in convalescence from typhoid fever, 41.
Difficult labor, value of the forceps in, 503.
Digestive fluids, 516.
Dilated stomach, 75.
Diminution in the refractive power of the eye in glycosuria, 454.
Diploma business, bogus, 307, 323.
Diphtheria; mixture, 17; hydrofluoric acid inhalations in, 19, 173; chlorate of potash in, 21; in Russia, 65, 220; treatment of, 80, 107, 297; chloral in, 104; sulphurous acid in, 171; in Poland, 220; pathology of 310; chloride of sodium in, 412.
Diphtheritic contagia, its nature and interchangeability with scarlatinal, 344.
Diphtheritis and tracheotomy, 105.
Direct contagion, phthisis in a dog, from, 541.
Discouragement of suits for malpractice, 27.
Disease; of the heart complicating typhoid fever, 5; dextral valvular, 474; belladonna in, 548; pulmonary and cardiac, morphia in, 19; relation of the liver to, 20; unknown among new-born infants, 126; infectious, reporting, 153; *vs.* vice, 157; of the cervix uteri, 163; of the hip, 233; uterine, marital relations in, 259; influence of climate on, 296; ship, yellow fever as a, 326; mental, absence of mind a sign of, 434; skin, rare form of, 436; of the respiratory mucous membrane, 507.
Diseased; milk, tuberculosis from, 238; joint, treated with collodion, 302.
Diseases; of children, 10; arsenic in, 299; kidney, diagnostics of, 40; of the intestines, belladonna in, 174; of women, dialysed iron in, 219; venereal, treatment of, 252; of the chest, petroleum in, 259.
Disinfectants, intra-uterine injections of, in puerperal fever, 105.
Dislocation; subastragaloid, reduced, 299; of lens into anterior chamber, 337.
Displacements, uterine, mechanical treatment of, 204.
Disturbed; menstruation, prescriptions in, 347; vision produced by unsound meat, 369.
Diverticulum, congenital, of the œsophagus, 413.
Does the continued use of acid phosphate induce urinary concretions, 437.
Dog, acute phthisis in a, 541.
Domestic lighting, 440.
Double equino-varus, 208.
Douche, hot water vaginal, how to apply it, 54.
Dress, in relation to health, 430.
Dropsy; jaborandi in, 172; infantile, 404.
Drug stores, coöperative, 307.
Druggist, physician and, 544.
Drunkards, lesions of the peritoneum in, 106.
Drunkenness; the cinchona cure for, 215; induced by alcoholic medication, 219.
Dry earth closet, 348.
Duodenum, ruptured from a blow on the abdomen, 407.
Dura mater, sarcoma of the, 10.
Dye stuff, dermatitis from, 231.
Dyscrasiæ, the treatment of, 38.
Dysentery, observations on, 202.
Dysmenorrhœa; ovarian, 39; congestive, ergot in, 387.
Dyspepsia, intestinal, 86.
Dyspnœa, influence of quebracho on, 84, 194.

Ear; cough produced by accumulations in the, 408; ache, chloroform vapor for, 479; causes of cerumenal accumulation in the, 496.
Early; maturity, 65; experiments with hydrobromic ether, 152; viability, 260, 351, 437; symptoms of insanity, 456.
Earth closets, 348.
Eclampsia, puerperal, chloral in, 276, 341.
Eczema; oleate of lead in, 83; obstinate case of, 87, 196; zinc oxide in, 149; chronic, 219; of the nipple and areola preceding carcinoma of the breast, 259; atropine, 459.
Editorials—
A Retrospect of 1879, 15.
The Discouragement of Suits for Malpractice, 37.
The Treatment of Dyscrasiæ, 38.
The Objects of True Physical Culture, 59.
Plans for Reducing Obesity, 82.
Beers and Ales Considered Medically, 103.
Opportunity for Original Study in Private Practice, 125.
Legislation about Quinine, 148.
Medical Charity and its Abuses, 170.
Curious Mental Relations of Self-consciousness, 192.
Does Vaccination Protect? 213.
The Extension of the Patent Medicine Trade, 236.
The Sanitary Evils of Poverty, 256.
The Medical Part of the New English Dictionary, 257.
Our Future Supply of Quinine, 280.
The Prevention of the Abuse of Medical Charities, 302.
The Bogus Diploma Swindle in Philadelphia, 323.
The Relation of Cowpox to Smallpox, 346.

The Primal Forces of Organic Life, 368.
Social Relations of Physicians, 391.
Quacks and the Medical Law, 411.
Absence of Mind as a Sign of Incipient Mental Disease, 434.
Some Early Symptoms of Insanity, 456.
The Increased Estimate Placed on Human Life, 478.
Suggestions for Professional Success, 499.
The American Medical Association, 521.
The Viability of Races, 543.
Physician and Druggist, 544.
The Past Six Months, 551.
Education, higher medical, 303.
Effect; physiological, of sclerotinic acid and sclerotinate of sodium, 143; of ozone, 193.
Effects: of forests on climate, 20; of the plaster jacket on the spinal muscles, 101; of local irritation on pain, 101; of salicylic acid, 187; of the long continued use of chloral, 187; injurious, from vulcanite plates, 216; of the Turkish bath, 216; of the application of metals and the magnet, 437; of temperature on syphilis, 459; of conception on the nervous system, 523; of belladonna in heart disease, 548.
Effusion, apoplectic, 7.
Electricity: in the treatment of urticaria, 167; in the human body, 550.
Emmet's operation for laceration of the cervix, modified, 48.
Emphysema, 488.
Employees of railroads, color blindness in, 196.
Employment of iron and oxygen in the treatment of anæmia and chlorosis, 259.
Empyema, 295.
Emulsion of cod liver oil, 154, 198.
Encephalocele, 515.
Encysted calculi, advantage of the median over the lateral operation for, 209.
Endocarditis obliterans, 436.
Endo-laryngeal operations, local anæsthesia in, 321.
Endometritis, cervical, medicated sponge tents in, 413.
Enemata; cold, in fever, 386; in the diarrhœa of children, 482.
English dictionary, the new, medical part, 257.
Enlarged; tonsils, a fatal case of, 107; clitoris, 321; glands, masking strangulated femoral hernia, 518.
Enlargement; prostatic, treatment of, 39, 100; of glands, 210.
Enteritis, membranous, 356, 363, 417.
Enterolith, an, 9.
Enucleation of the eye, 20.
Epidemic; type of erysipelas, 298; of chorea, 430.
Epididymitis, 140.
Epilepsy, minor, 243.
Epileptics, loss of weight in, 414.
Epistaxis, guarana in the treatment of, 435.
Equino-varus, double, 208.
Ergot; hypodermically in hæmoptysis, 123; cure of uterine fibroid by, 151; in chronic cystitis, 210; in inflammatory affections, 214; in prolapsus of the rectum and hemorrhoids, 366; in labor, 370; in congestive dysmenorrhœa, 387; in pruritus vulvæ, 392; in prolapsus recti, 414; in ante-partum hemorrhage, 460, 548.
Erysipelas, 182, 298.
Estimate of human life, 478.
Ether; hypodermic injection of, in sciatica, 58; with cod-liver oil, 61; hydrobromic, early experiments with, 152; relative safety of chloroform and, 392.
Ethereal oil of mustard in malarial fever, 303.
Ethidene, bichloride of, as an anæsthetic, 80.
Ethyl bromide as an anæsthetic, 92.
Eucalyptus; as a pectoral, 83; as a remedy in catarrh, 414.
Enonymin as a cholagogue, 35.
Europe; the weather and health in, 131; reminiscences of a visit to, 360, 508.
Evils, sanitary, of poverty, 256.
Excision of tuberculous joints, 547.
Executed criminal resuscitated, 505.
Exhausted brain, danger of intellectual exertion by the, 429.
Exophthalmic goitre, 338, 414.
Expectoration an indication for treatment of phthisis, 123.
Experimental study on the treatment of hepatic colic, 320.
Experiments; upon the head of a decapitated criminal, 150; with hydrobromic ether, 152.
Expert testimony, 105.
Expulsion, complete, of the amnion, 284.
Extension of the patent medicine trade, 236.
External application of carbolic acid, poisoning by the, 501.
Extraction of cataract followed by sympathetic ophthalmia, 375.
Extraordinary Cæsarean section, 417.
Extra-uterine pregnancy, 504.
Extreme retroflexion, 160.
Eye; enucleation of the 20; Landolt's work on the, 87; nervous and neuralgic affections symptomatic of defect of the, 287; diminution of the refractive power of the, in glycosuria, 454; its condition during sleep, 459.

Face, rosacea of the, 17.
Facial paralysis, 401.
False anchylosis of the hip joint, 207.
Faradization; in chronic alcoholism, 168; in intermittents, 281; in impotence, 349.
Fashions, modern, 241.
Fatal; case; of enlarged tonsils, 107; of perimetritis, 372; puerperal convulsions, 416.
Fatigue in reading, causes of, 304.
Faulkner's spoon, the use of, 210.
Features, of scarlet fever, 67, 89.
Febrile herpes of the cornea, 517.
Fecundity, remarkable, 373.
Fees, college, advance of, 395.
Femoral hernia, strangulated, 518.
Femur, fractured, a symptom diagnostic of, 524.
Ferns, nutritious, 238.
Fever; cold enemata in, 386; *continued*, 29, 244; *malarial*, ethereal oil of mustard in, 303; its relation to phthisis, 301; quinine ointment in, 545; *mountain*, 210; treatment of, 364; *puerperal;* treated by intra-uterine injections of disinfectants, 105; with peri-uterine cellulitis, 116; *scarlet;* some points about it, 19; statistic, climatic, and allied features of, 67, 89; *typhoid;* complicated by heart disease, 5; relapse in, 6; in children, 10; diet in convalescence from, 41; infantile, 55; cold baths in, 57; its causes, 94; carbolic acid in, 364;

ambulant, 381; specific treatment of, 381; *yellow*; in New Orleans, 43; as a ship disease, 326; at Rio, 373; salicylic acid in, 516.
Fevers; malarial, sulphite of soda in, 57; Warburg's remedy for, 479.
Few notes on the therapy of heat, 314.
Fibroid; phthisis, 18; uterine, cured by ergot, 151; sub-peritoneal, 162.
Fiji islands, a remedy for neuralgia used by the natives of the, 386.
Filariæ, human, 328.
Finger, necrosed, 140.
First; successful case of cholecystotomy, 56; stage of prolapsus uteri, 162.
Fissure, anal, treatment of, 522.
Fistula, salivary, 343.
Fluids, digestive, 516.
Fœtus, presentation and position of the, 427.
Folding dentaphone, 175.
Food, adulterated, and unintentionally poisoned, 215.
Forceps, their value in difficult labor, 503.
Forces, primal, of organic life, 368.
Forests, their effects on climate, 20.
Form; new, of sphygmograph, 21; of land scurvy, 172; rare, of skin diseases, 436; of spermatorrhœa, 497.
Formiate of sodium as a defervescent, 40.
Forms, unusual, of continued fever, 29.
Formulæ; for guaiacum, 194; for chilblains, 214; Battey's, 214; for ringworm, 214; in pruritus ani, 303; in acute bronchitis, 479.
Fracture; of the patella, 33, 320; of the ulna, 141; of the vertebræ, 481.
Fractured femur, a symptom diagnostic of, 524.
France, proposed compulsory vaccination and re-vaccination in, 417.
Fraudulent medical colleges, 241.
Free medical relief, its abuses, 108.
French; views of syphilis, 20; army, phthisis, in the, 480.
Frostbite, statistics, of, 500.
Fumes of carbolic acid in whooping cough, 84.
Function, localization of, in the cerebrum, 387.
Future supply of quinine, 280.

Galactagogue, cotton-leaf as a, 258.
Galvani, monument to, 65.
Gastro-enteric catarrh, 143.
Gastro-enteritis of children, hydrate of chloral in, 350.
General; mucoid degeneration, 11; charities, 109; Washington, death of, 175.
Genitals, malformations of the, 128.
Germany; proprietary medicines in, 19; vivisection in, 64.
Gestation, prolonged, 58.
Glands; strumous enlargement of, 210; enlarged, masking strangulated femoral hernia, 518.
Glaucoma, acute, ice in, 195.
Gleet, cure of, 104.
Globe, man's appearance on the, 131.
Glycerine, tonic, 435.
Glycerite of iron, subsulphate, 11.
Glycosuria, diminution in the refractive power of the eye in, 454.
Goitre; the causes of, 127; exophthalmic, 338; hypodermic injection of morphia in, 414.
Gonorrhœa; acute, mixture for, 193; treatment of, 353; hydrate of chloral in, 500.
Gonorrhœal; ophthalmia; benzoate of sodium in, 370, 435; treatment of, 452.
Gout, salicylate of soda in, 366.
Graduates, medical, 330.
Grafting; of skin, 52; nerve, 501.
Granular lids, 474.
Growth, cryptogamous, its relation to malarial poison, 60.
Growths; intra-uterine, removal of, 252; intra-laryngeal, removal of, 539.
Guaiacum, formula for, 149.
Guarana in the treatment of epistaxis, 435.
Gurjun oil in leprosy, 480.
Gypsum jacket and adjustable supports in spinal debility, 70.

Habit, the tobacco, 195, 329.
Habits of drunkenness induced by alcoholic medication, 219.
Habitual; constipation, pill in, 126; headache, dangers of, 429.
Hæmatoma of the vulva, 247.
Hæmoptysis; puerperal, 54; hypodermic use of ergot in, 123; treatment of, 277.
Hand, separation of, from the arm—restoration, 541.
Hanging, humanity in, 548.
Havana, leper asylum at, 373.
Head; penetrating wound of the, 9; of a decapitated criminal, experiments upon, 150; value of the dependent position in operations on the, 168; diagnosis and treatment of ringworm in the, 388.
Headache, habitual, the dangers of, 429.
Health; veterinary board of, 65; in Europe, 131; resort in winter, 153; national board of 352; dress in relation to, 430.
Healthy kidneys, albuminuria with, 39.
Hearing, impaired, instruments to assist, 248.
Heart; disease; complicating typhoid fever, 5; belladonna in, 548; clot, 138, 318; tuberculosis of the, 188; dextral valvular disease of the, 474.
Heat, the therapy of, 314.
Heatonian method for the cure of hernia, 239.
Hemeralopia, 460.
Hemorrhage; dental, to check, 126; post-partum, cold and hot water in, 144, 540; pulmonary, 382; ante-partum, ergot in, 460, 548.
Hemorrhoids; internal, treated by hypodermic medication, 55; painless cure of, 397; injections of ergotine in, 366.
Hemp, Indian, treatment of tetanus by smoking, 503.
Hepatic colic, treatment of, 320.
Hepatico-cardiac sedation, 419.
Hermaphrodism, 541.
Hernia; 140; Heatonian method for the cure of, 239; cured by injections, 259, 265; strangulated femoral, 518.
Herpes; from syphilitic infection, 12; chrysophanic acid in, 393; of the cornea, 517.
High rate of mortality, 263.
Higher medical education, 303.
Hiccup, prolonged, 155.
Hip; amputation at the, 206; joint, false anchylosis of the, 207; value of parallelism in the treatment of diseases and injuries of the, 233.
History of an obscure pelvic tumor, 177.
Homœopathy, renunciation of, 440.

Horse, surgical operation on a, under an anæsthetic, 282.
Hospital Reports—
Bellevue Hospital—
Clinic by Wm. M. Polk, M.D., 290.
Clinic by Francis Delafield, 469.
Cincinnati Hospital—
Clinic of Prof. Muscroft, 118.
College of Physicians and Surgeons, New York—
Clinic of Prof. T. Gaillard Thomas, 160.
German Eye and Ear Infirmary, 153.
Good Samaritan Hospital, Cincinnati—
Clinic of Prof. Dawson, 205.
Clinic of James T. Whittaker, M.D., 274.
Jefferson College Hospital—
Clinic of Prof. Roberts Bartholow, 381.
Clinic of W. W. Van Valzah, 401.
Clinic of R. J. Levis, M.D., 449.
Louisville City Hospital—
Clinic of Wm. H. Wathers, M.D., 427.
Clinic of M. F. Coomes, 472.
Clinic of John A. Octerlony, M.D., 488.
Medical Department of University of City of New York—
Clinic of J. Williston Wright, 140.
Passavant's Hospital, Pittsburg—
Clinic of Dr. R. S. Sutton, 511.
Pennsylvania Hospital—
Clinic of Prof Da Costa, 5, 74.
Service of Dr. R. J. Levis, 52.
Service of Dr. Jas. H. Hutchinson, 138, 249.
Philadelphia Hospital—
Service of Dr. John Guiteras, 29.
Presbyterian Eye and Ear Charity Hospital, Baltimore—
Clinic of Prof. J. J. Chisolm, 337.
University of Pennsylvania—
Service of Dr. Wm. Pepper, 182.
Clinic of Prof. Louis A. Duhring, 230.
Clinic of William Goodell, M.D., 538.
Hospitals, military, of Paris, 484.
Hot water; vaginal douche, how to apply it, 54; in post-partum hemorrhage, 144, 540; for the induction of premature labor, 194.
How; to test chloroform, 12; to apply the hot water vaginal douche, 54; to arrange statistics, 106; to work a microscope, 130; to deliver the placenta, 305.
Howard's method of restoring suspended animation, 60.
Human: filariæ, 328; life, increased estimate of, 478; body, electricity in the, 550.
Humanity in hanging, 548.
Hungarian wines, 130.
Husk, or hoose, 62.
Hwang-non, or Hoang-nan, 370.
Hydatids of the liver, 290, 496.
Hydrate of chloral; in acute gastro-enteritis of children, 350; how to use it, 394; in gonorrhœa, 500.
Hydrobromic ether; as an anæsthetic, 92, 241; early experiments with, 152.
Hydrocele; 142; radical cure of, 285; treated by injection of perchloride of iron, 371.
Hydrofluoric acid inhalations in diphtheria, 19, 173.
Hydrophobia, mental or imaginary, 167.
Hygiene, of infants, summer, 465.
Hygienic management of consumptives, 321.
Hyper-distention of the pulmonary alveoli, 507.
Hyperplasia, areolar, 160.
Hypnotism, curious phenomena of, 430.
Hypodermic; medication for internal hemorrhoids, 55; injection of ether in sciatica, 58; of morphia in exophthalmic goitre, 414; use of ergot in hæmoptysis, 123; of quinia, 126; of morphia, 327; of chloroform in lumbago and sciatica, 384, 522.
Hysteria; with unusual symptoms, 289; apomorphia in, 370.

Ice-water injections; in diarrhœa, 106; in acute glaucoma, 195.
Imaginary hydrophobia, 167.
Immediate effects from the application of metals and the magnets, 437.
Impaired hearing, instruments to assist, 248.
Imperforate anus, 240, 454.
Importance of attention to slight perineal lacerations, 80.
Impotence, local faradization in, 349.
Improved; method of treating the newly-born child, 2; of applying antiseptic vapors, 458; nitrate of silver caustic, 371.
Improvement in the audiphone, 87.
Improvements in Memphis, 21.
Impulses, morbid, 1.
Inadequacy, renal, symptoms and treatment of, 412.
Incipient; cataract, 337; mental disease, absence of mind as a sign of, 434.
Incisions, linear, in the treatment of lupus, 169.
Increased estimate placed on human life, 478.
India; leprosy, in 371; deaths from snake bites in, 418.
Indian hemp, tetanus treated by smoking, 503.
Indications; for treatment in phthisis, expectoration an, 123; for turning, 365.
Induction of premature labor by hot water, 194.
Inebriety, clinical studies of, 157.
Infant, remarkable toleration of opium in an, 488.
Infantile; typhoid fever, 55; convulsions, cold bath in, 57; intertrigo, 392, 460; dropsy, 404.
Infants; new-born, an unknown disease among, 126; summer hygiene of, 465.
Infection, syphilitic, herpes from, 12.
Infectious disease, reporting, 153.
Inflammations of mucous membranes, boracic acid in, 431.
Inflammatory; affections, ergot in, 214; obstruction of the bile ducts, 331.
Influence; of quebracho in dyspnœa, 84; of phosphorus on the urine, 118, 343; of varicella on vaccination, 194; of climate on disease, 296.
Inhalations; of hydrofluoric acid in diphtheria, 19, 173; of oxygen in membranous croup, 317; of benzoate of sodium, or salicylic acid, with borax, in pulmonary tuberculosis, 327; anæsthetic, in parturition, 372; of benzoate of ammonium in pulmonary phthisis, 393.
Injection; hypodermic, of ether in sciatica, 58; of chloroform in, 522; of chloral in the treatment of tumors, 194; of the hernial rings, 265; of corrosive sublimate in syphilis, 328; of perchloride of iron in hydrocele, 371; of morphia in exophthalmic goitre, 414; of ergotine in prolapsus recti, 414.
Injections; intra-uterine, post-partum, 63, 105,

540; with alkaline solutions, 75; of ice water in diarrhœa, 106; intravenous, of milk, 237; in the cure of hernia, 259; of ergotine in prolapse of rectum and hemorrhoids, 366; of chloroform in lumbago and sciatica, 384.
Injuries of the hip, parallelism in, 233.
Injurious; marital relations, 63; effects from vulcanite plates, 216.
Injury; progressive muscular atrophy following, 431; to the spinal cord, 553.
Inoculability of leprosy, 506.
Inoculated cows, vaccine from, 329.
Inoculation and vaccination, 285.
Insanity; the diagnosis of, 325; does alcoholism lead to it? 348; of lactation, 425; some early symptoms of, 456; relation of diabetes to, 523.
Insolation, 533.
Instruments; surgical, preservation of, 195; to assist impaired hearing, 248.
Insulation in rheumatism, 371.
Intellectual exertion, danger of, in the exhausted brain, 429.
Intemperance, the diagnosis of, 172.
Interchangeability of scarlatinal and diphtheritic contagia, 344.
Intermittents; quinine in, 17; faradism in, 281.
Internal; hemorrhoids treated by hypodermic medication, 55; painless cure of, 397; administration of carbolic acid in typhoid fever, 364.
Intertrigo, infantile, 392, 460.
Intestinal; dyspepsia, 86; diseases, belladonna in, 174; catarrh in children, 327; obstruction, diagnostic value of temperature in, 348.
Intra-uterine; injections, post partum, 63, 105, 540; medication, its risks, 99; growths, removal of, 252; laryngeal growths, removal of, 539.
Intravenous injections of milk, 237.
Iodide; of potassium; and calomel, 127; in rheumatism, 253; of starch in lupus erythematodes, 475.
Iodine poisoning, 400.
Iodoform; in chronic arthritis, 149; therapeutic use of, 366; in otorrhœa, 416.
Iridectomy, 471.
Iritis, treatment of, 209.
Iron; a glycerite of subsulphate of 11; albuminate of, its preparations and use, 189; dialysed, in diseases of women, 219; and oxygen in the treatment of chlorosis, 259; in the treatment of arsenical poisoning, 320; perchloride of, in hydrocele, 371.
Irritable spine, 33.
Irritation; local, its effect on pain, 101; symmetrical, 282.
Islands, Fiji, a remedy for neuralgia used by the natives of the, 386.
Isolation for syphilis, 237.
Italy; the pellagra in, 232; statistics of ovariotomy in 305.
Itch, treatment of, 413.

Jaborandi; in dropsy, 172; use of, 340; in mumps, 522.
Jacket of gypsum and adjustable supports in treating spinal debility, 70, 101.
Jaundice, balsam copaiba in the treatment of, 150.
Jaw, sarcoma of the, 9.
Jefferson College commencement, 261.
Joint; knee, lateral movements of, 172; penetrating wound of, 319; hip, false anchylosis of, 207; diseased, treated with collodion, in acute rheumatism, 303; shoulder, amputation at, 553.
Joints, tuberculous, excision of, 547; suppuration of, 552.

Keeping a record of prescriptions, 18.
Kidneys; abnormality in the, 10; healthy, albuminuria with, 39; diagnostics of diseases of the, 40; albuminoid degeneration of the, 331; belladonna in heart disease complicated with disease of the, 548.
Knee joint; causes and diagnostic value of lateral movements of the, 172; penetrating wound of the, 319.
Koosso, a new method of administering, 480.

Labor; vaginal thrombus occurring during, 25; premature, induced by hot water, 194; anæsthesia in, 221, 231; precautions to be observed in the administration of ergot in, 370; protracted, 393; difficult, value of the forceps in, 503.
Laceration of the cervix; modification of Dr. Emmet's operation for, 48; precautionary closure of, 86; a case of, 511, 539.
Lacerations, slight perineal, importance of attention to, 80.
Lactation, insanity of, 425.
Land scurvy, 172.
Landolt's work on the eye, 87.
Laryngismus stridulus, treatment of, 251.
Larynx; safe and convenient means of producing anæsthesia of the, 234; removal of the, 415; operation on the, 473.
Lateral; movements of the knee joint, causes and diagnostic value of, 172; curvature of the spine treated by a new method, 342.
Law, medical, quacks and the, 411.
Lead; oleate of, in eczema, 83; poisoning, 441.
Legislation; medical, 109; about quinine, 148.
Lens dislocated into anterior chamber, 337.
Leper asylum at Havana, 373.
Leprosy; in the United States, 17; contagiousness of 215; copaiba in the treatment of, 369; in India, 371; gurjun oil in, 480; inoculability of, 506.
Lesions of the peritoneum in drunkards, 106.
Leucocytosis of pregnancy, 325.
Lids, granular, 474.
Life; reappearance of menstruation after the change of, 281; organic, the primal forces of, 368; adult, relations of atelectasis and capillary bronchitis to asthma in, 384; human, increased estimate of, 478.
Ligation of the subclavian artery, 134.
Lighting, domestic, 440.
Lime, salicylate of, in chancroidal ulcers, 502.
Linear; incisions in the treatment of lupus, 169; extraction of cataract followed by sympathetic ophthalmia, 375.
Liniment in neuralgia and painful affections, 171.
Lipoma of the back, 10.
Liquor pancreaticus, 282.
Literature, popular medical, 327.
Liver; its relation to pulmonary disease, 20; hydatids of the, 290; albuminoid degeneration of the, 331; treatment of hydatid cysts of, 496.

Living child removed ten minutes after the death of its mother, 189.
Local; irritation, its effect on pain, 101; anæsthetic, bromide of potassium a, 281; anæsthesia in endo-laryngeal operations, 321; faradization in impotence, 349; application of ergot in pruritus vulvæ, 392; of warm vinegar and mullein in sciatica, 545.
Localization of function in the cerebrum, 387.
Long continued use of chloral, effects of the, 187.
Loss of weight in epileptics, 414.
Low temperature, vitality of certain bacteria when exposed to a, 150.
Luke, the physician, 374.
Lumbago, hypodermic injections of chloroform in, 384.
Lumbo-colotomy, 10.
Lunar caustic in the treatment of ophthalmia, 167.
Lunatic asylums, regulations for, 21.
Lung, sarcoma of the, 9.
Lupus; treated by linear incisions, 169; by iodide of starch, 475.
Lying-in women, management of, 184, 305.

Magnesia, borocitrate of, as a solvent of uric acid calculi, 347.
Magnet, immediate effects of its application, 437.
Magnetism, animal, revived, 304.
Malaria, quinia combinations and sea air for, 28.
Malarial; fever; sulphite of soda in, 57; Warburg's remedy for, 479; quinine ointment in, 545; continued, 244; ethereal oil of mustard in, 303; its relation to phthisis, 304; treatment of, 364; poison, relation of cryptogamous growths to, 60; affections, the tongue in, 61; bubo, 388.
Malformation; of the genitals, 128; singular, 460.
Malignant disease of the cervix uteri, 163.
Malpractice, discouragement of suits for, 37.
Maltine, 130, 418.
Man, anatomical reasons for dextral preference in, 407.
Management; of lying in women, 184; of consumptives, 321.
Mania for morphia, 105.
Man's appearance on the globe, 131.
Marine Hospital Service, U. S., official changes, 61, 330.
Marital relations; injurious, 63; in uterine disease, 259.
Marriages, consanguineous, their relation to deaf-mutism, 326.
Mass of enlarged glands, masking strangulated femoral hernia, 518.
Maturity, early, 65.
Means of producing anæsthesia of larynx, 234.
Measles, 290.
Meat, unsound, a cause of disturbed vision, 369.
Mechanical treatment of uterine displacements, 204.
Meddlesome midwifery, 130.
Median operation in encysted calculi, 209.
Medical; uses of milk, 79; consideration of beers and ales, 103; relief, free, its abuses, 108, 170; charities, 109; legislation, 109; colleges, fraudulent, 241; part of the new English dictionary, 257; charities, prevention of the abuse of, 302; education, 303; literature, popular, 327; graduates, 330; therapeutics, Napheys' 392; law, quacks and the, 411; service, night, 439.
Medical Societies—
Academy of Natural Sciences, 208, 363.
American Medical Association, 31st annual meeting, 524.
Baltimore Academy of Medicine, 78.
Brooklyn Anatomical and Surgical Society, 352.
College of Physicians, Philadelphia, 318.
Medical and Surgical Society of Baltimore, 184, 295, 338, 404.
Medical Society of the State of New York, 164.
New York Academy of Medicine, 10.
New York Pathological Society, 9.
Northern Medical Society of Philadelphia, 32, 88, 119, 166, 338, 363, 429.
Obstetrical Society of Philadelphia, 231.
Pennsylvania State Medical Society, 491, 512.
Rhode Island Medical Society, 77, 384.
Texas State Medical Society, 450.
Medicated sponge tents in ulcerated os and cervical endometritis, 413.
Medication; hypodermic, for internal hemorrhoids, 55; intra-uterine, its risks, 99; alcoholic, inducing habits of drunkenness, 219; rectal, 497.
Medicinal and nerve action, correlation of, 180.
Medicines; proprietary, in Germany, 19; quack, regular physicians dealing in, 285.
Meigs, Professor, portrait of, 152.
Membranes, mucous; boracic acid in inflammations of, 431; respiratory, hyper-distention of the pulmonary alveoli in chronic disease of the, 507.
Membranous; croup, oxygen inhalations in, 317; enteritis, 356, 363, 417.
Memphis; improvements in, 21; alleged yellow fever in, 307.
Menopause, the, 486.
Menstruation; its reappearance after the change of life, 281; vicarious, 295; disturbed, prescriptions in, 347.
Mental; hydrophobia, 167; relations of self-consciousness, 192; disease, absence of mind a sign of, 434.
Merits, relative, of the gypsum jacket and adjustable supports in treating spinal debility, 70.
Metals, immediate effects of their application, 437.
Metaphosphoric acid a test for albumen in urine, 552.
Method; of treating the newly-born child, 2; of operating for varicocele, 57; of restoring suspended animation, 60; for the cure of hernia, 239; of treating lateral curvature of the spine, 342; of applying antiseptic vapors, 458, 476; of administering koosso, 480; of restoring the asphyxiated, 495; of removing intra-laryngeal growths, 539.
Methods, microscopical, 208.
Metric system, 43, 242.
Microscope, how to work a, 130, 208.
Microscopy, stereoscopic, 461.
Midwifery; record of 300 cases of, 42; conservative, 535.
Midwives, physicians and, 306.
Military hospitals of Paris, 484.
Milk; medical uses of, 79; peptonized, 99; the

action of, 152; intravenous injection of, 237; diseased, tuberculosis from, 238.
Mind, absence of, a sign of mental disease, 434.
Mineral springs of Saratoga, 445, 463.
Minor epilepsy, 243.
Mishaps attending the treatment of a burn, 240.
Miscarriage; adherent placenta after, 42; threatened, viburnum prunifolium in, 303.
Mixture; for diphtheria, 17; for whooping cough, 30; for acute gonorrhœa, 193; salicylic acid, 281.
Modern; fashions, 241; views of phthisis, 371.
Modification of Dr. Emmet's operation for laceration of the cervix, 48.
Monstrosity, 440.
Monument to Galvani, 65.
Morbid; impulses, 1; sensitiveness, 286.
Morphia; in pulmonary and cardiac disease, 19; mania for, 105; in uræmia, 298; hypodermic use of, 327; in exophthalmic goitre, 414.
Mortality; high rate of, 263; in Portugal, 554.
Mountain fever, 210.
Mouth, operations on the, 168.
Movements, lateral, of the knee joint, 172.
Mucoid degeneration, 11.
Mucous membranes; boracic acid in inflammations of, 431; respiratory, a therapeutic agent in chronic disease of the, 507.
Muguet, remedy in, 457.
Mullein and warm vinegar in sciatica, 545.
Mumps, jaborandi in, 522.
Muscles, spinal, effects of the plaster jacket on them, 101.
Muscular atrophy, progressive, 274, 431.
Mustard, ethereal oil of, in malarial fever, 303.
Myelitis, 275.
Myopia, 496, 552.
Myxœdema, 11.

Nævus, port-wine, Squire's operation for, 61.
Napheys' Modern Medical Therapeutics, 392.
Nasal; polypus, chloride of zinc in, 149; treatment and complications of, 406; catarrh, 233.
National; veterinary and sanitary organization, 22; board of health, 351.
Natives of the Fiji islands, a remedy for neuralgia used by the, 386.
Nature of scarlatinal and diphtheritic contagia and their interchangeability, 344.
Naval surgeons, are they serfs of the Secretary? 175.
Necrosed finger, 140.
Neoplasm removed from the bladder, 503.
Nerve; and medicinal action, correlation of, 180; stretching in obstinate sciatica, 238; two cases of, 277; grafting, 501.
Nervous; and neuralgic affections symptomatic of defect of the eye, 287; system, effects of conception on the, 523.
Neuralgia; ammonio-sulphate of copper in, 39; liniment for, 171; a remedy for, 386; arsenic in, 522.
Neurasthenia, 545.
New; -born: child, treatment of, 2; infants, an unknown disease among, 126; form of sphygmograph, 21; method of operating for varicocele, 57; asylum at Norristown, 88; folding dentaphone, 175; English dictionary, the medical part, 257; method of treating lateral curvature of the spine, 342; antiseptic, 389; method of administering koosso, 480; anthelmintic, 523; method of removing intra-laryngeal growths, 539.
Night; sweats of phthisis, remedies in, 258, 325, 435; medical service, 439.
Nipple, eczema of the, preceding carcinoma of the breast, 259.
Nitrate; of silver; in burns, 193; improved caustic of, 371; of uranium in diabetes, 258.
Nitro-glycerine; in angina pectoris, 365; therapeutical value of, 408.
Nitrous oxide, compressed, as an anæsthetic, 65.
Norristown, the new asylum at, 88.
Notes; on the treatment of phthisis, 168; on the therapy of heat, 314.
Novel; aid to the diagnosis of intemperance, 172; sutures, 506.
Nutritious ferns, 238.

Obesity, plans for reducing it, 82.
Obituary notices, 66, 88, 110, 132, 154, 176, 220, 242, 264, 308, 330, 374, 395, 462, 484, 506.
Objects of true physical culture, 59.
Obscure pelvic tumor, 177.
Observations; on dysentery, 202; on hernia, 239.
Obstinate; eczema, 87, 196; sciatica, 238.
Obstruction; inflammatory, of the bile ducts, 331; intestinal, diagnostic value of temperature in, 348.
Occlusion, osseous, of the vagina, 316.
Occurrence of sympathetic ophthalmia consequent upon linear extraction of cataract, 375.
Œsophagus, congenital diverticulum of the, 413.
Official changes, United States Marine Hospital Service, 64.
Oil; cod-liver; ether with, 61; and chloral, 281; sandal-wood, in cystitis, 284; of mustard in malarial fever, 303; gurjun, in leprosy, 480.
Ointment of quinine in malarial fever, 545.
Oleate of lead in eczema, 83.
Operation; of lumbo-colotomy, 10; for laceration of the cervix, 48; for varicocele, 57; for port-wine nævus, 61; for encysted calculi, 209; for hernia, 265; on a horse under an anæsthetic, 283; of ovariotomy, 328; on the larynx, 473.
Operations; under bromide of ethyl, 92; on the mouth and throat, 168; surgical, during pregnancy, 172; endo-laryngeal, local anæsthesia in, 321.
Ophthalmia; phlyctenular, 45; treated by lunar caustic, 167; gonorrhœal, benzoate of sodium in, 370, 435; treatment of, 452; sympathetic, following linear extraction of cataract, 375.
Opium; poisoning; in an infant, 96; recovery from, 342; in the treatment of rheumatism, 253; remarkable toleration of, in an infant, 488.
Opportunity for original study in private practice, 125.
Opposition to compulsory vaccination, on religions principles, 506.
Organic life, the primal forces of, 368.
Organization, national veterinary and sanitary, 22.
Organs, urinary, surgery of the, 475.
Origin of tetanus, 517.
Original study in private practice, 125.
Otorrhœa, iodoform in, 416.
Os, ulcerated, medicated sponge tents in, 413.
Osseous occlusion of the vagina, 316.
Our future supply of quinine, 280.

Ovary, prolapse of the, 160.
Ovarian; dysmenorrhœa, 89; tumors, 136.
Ovariotomy; 136, 241; Italian statistics of, 305, 328; when to perform, 432.
Overwork and underwork, 522.
Oxide of zinc in eczema, 149.
Oxygen; applied to ulcerating surfaces, 120; and iron in the treatment of anæmia and chlorosis, 259; inhalations in membranous croup, 317.
Ozæna, the pathology and treatment of, 84.
Ozone, the effect of, 193.

Pain; effects of local irritation on, 101; and anæsthetics, 199.
Painful affections, liniment for, 171.
Painless cure of internal hemorrhoids, 397.
Palmar psoriasis, syphilitic, treatment of, 258.
Paper, poisonous wall, 282.
Parallelism in the treatment of diseases and injuries of the hip, 233.
Paralysis; cases of, 249; toothache a cause of, 253; facial, 401.
Parasitic bronchitis, 62.
Paris, military hospitals of, 484.
Parisian cold, 282.
Parotid tumor removed, 10.
Part, medical, of the new English dictionary, 257.
Parturition, anæsthetic inhalation in, 372.
Patella; treatment of fracture of the, 33, 320.
Patent medicine trade, its extension, 236.
Pathological condition of the spinal cord in phosphorus poisoning, 546.
Pathology of ozæna, 84.
Pectoral, eucalyptus as a, 83.
Pellagra, in Italy, 232.
Pellets, cupric test, 309.
Pelvic; tumor, 177; cellulitis, 290; abscess, 295.
Pelvis, contracted, version in, 119.
Penetrating wound; of the head, 9; of the knee joint, 319.
Peptonized milk, 99.
Perform ovariotomy, when to, 432.
Performing surgical operations during pregnancy, 172.
Pericardium, defect of the, 457.
Perimetritis, fatal, 372.
Perineal lacerations, slight, importance of attention to, 80.
Peritoneum, lesions of the, in drunkards, 106.
Perityphlitic abscess, treated with aspiration through the rectum, 100.
Peri-uterine cellulitis, 116.
Pernicious intermittents, quinine in, 17.
Persistent vitality, 413.
Pertussis, pressure on the vagus a cause of, 388.
Petroleum in chest diseases, 259.
Pharmaceutical preparations, 130.
Pharynx, removal of the, 415.
Phenomena, curious, of hypnotism, 480.
Philadelphia, the bogus diploma swindle in, 323.
Philosophical society, American, centennial, 263.
Phlyctenular ophthalmia, 45.
Phosphates in food, 216.
Phosphorus; its influence on the urine, 118, 343; poisoning, 546.
Phthisis; fibroid, 18; production of, by dampness of soil, 41; treatment of, 123, 168; remedies in the night sweats of, 258, 435; relations of malarial fever to, 304; modern views of, 371; inhalations of benzoate of ammonium in, 393; in the French army, 480; pulmonary, 485, 529; in a dog, from contagion, 541.
Physical culture, its objects, 59.
Physician; Luke, the, 374; a royal, 395; and druggist, 544.
Physicians; women as, 106; dealing in quack medicines, 285; and midwives, 306; social relations of, 391; sudden death of, 461.
Physiological; action of benzoate of sodium, 127; effect of sclerotinic acid and sclerotinate of sodium, 143.
Phytolacca decandra, poisoning by 505.
Phytolacein, 304.
Pigment, chalk, 104.
Piles, slippery elm suppositories in, 171.
Pill in habitual constipation, 126.
Pityriasis, chrysophanic acid in, 393.
Placenta; adherent, after miscarriage, 42; prævia in a primipara, 43, 260, 295; when and how to deliver it, 305; separation of, from its uterine attachment, 460.
Plans for reducing obesity, 82.
Plantar psoriasis, syphilitic, treatment of, 258.
Plaster jacket, its effects on spinal muscles, 101.
Plates, vulcanite, injurious effects from, 216.
Plea for polypharmacy, 28.
Pleurisy; venesection in, 98; diaphragmatic, 409.
Pneumatic cabinet, 234.
Pneumonia; blistering in, 110, 129, 173, 198, 217; with cerebral shock, 547.
Points; about scarlet fever, 19; about surgery of the urinary organs, 475.
Poison; malarial, relation of cryptogamous growth to, 60; the wourali, 502.
Poisoned food, 215.
Poisoning; by cream puffs, 55; by opium, 96; arsenical; chronic, symptoms of, 169; treated by sub-carbonate of iron, 320; opium, recovery from, 342; from unsound meat a cause of disturbed vision, 369; by iodine, 400; by lead, 441; by carbolic acid, 501; by phytolacca decandra, 505; by phosphorus, 546.
Poisonous; action of copaiba, 144; wall papers, 282; trees and shrubs, 326.
Poland, diphtheria in, 220.
Polypharmacy, a plea for, 28.
Polypi; rectal, 85; uterine, 538.
Polypus, nasal; chloride of zinc in, 149; complications of, 406.
Polyuria, depending on a cerebral tumor, 415.
Pomade, chloral, 347.
Poor widow's picture and the doctor, 461.
Popular medical literature, 327.
Portrait of the late Professor Meigs, 152.
Position; dependent, of the head, its value in operations on the mouth and throat, 168; of the fœtus, 427.
Portal thrombosis, 518.
Portuguese mortality statistics, 554.
Port-wine nævus, Squire's operation for, 61.
Post-partum; intra-uterine injections, 63; hemorrhage, cold and hot water in, 144, 540.
Potash, chlorate of, in diphtheria, 21.
Potassium; iodide of; and calomel, 127; in rheumatism, 253; bromide of, as a local anæsthetic, 281; in the vomiting of pregnancy, 303; chloride of, in whooping cough, 325.

Poverty, sanitary evils of, 256.
Power, refractive, of the eye, diminution of, in glycosuria, 454.
Practical notes on the treatment of phthisis, 168.
Practice, private, opportunity for original study in, 125.
Precautionary closure of laceration of the cervix uteri, 86.
Precautions; against smallpox, 87; to be observed in administration of ergot in labor, 370.
Precocious viability, 459.
Preference, dextral, anatomical reasons for, 407.
Pregnancy; surgical operations during, 172; chloral in the vomiting of, 258; bromide of potassium in the vomiting of, 303; leucocytosis, of, 325; extra-uterine, 504.
Premature labor induced by hot water, 194.
Preparation of albuminate of iron, 189.
Preparations, maltine, 418.
Prescriptions; writing and keeping record of, 18; in disturbed menstruation, 347.
Presentation of the fœtus, 427.
Preservation of surgical instruments, 195.
Pressure on the vagus a cause of pertussis, 388.
Prevention of the abuse of medical charities, 302.
Primal forces of organic life, 368.
Primipara, placenta prævia, in a, 43.
Private practice, opportunity for original study in, 125.
Prize, the Riberi, 264.
Production; of phthisis by dampness of soil, 41; of anæsthesia of the larynx, 234; of cough by accumulations in the ear, 408.
Professional success, suggestions for, 499.
Professor Tyndall's theory of contagion, 65.
Progressive; muscular atrophy, 274, 431; myopia, treatment of, 552.
Prolapse of the ovary, 160.
Prolapsus; uteri, first stage of, 162; of the rectum, injections of ergotine in, 366, 414.
Prolonged; gestation, 58; hiccup, 155; artificial respiration, 371.
Properties of artificial vanillin, 19.
Prophylactic in cholera, sulphuric acid as a, 150.
Proportion of carbonic acid in the air, 32.
Proposed compulsory vaccination and revaccination in France, 417.
Proprietary medicines in Germany, 19.
Prostatic enlargement, treatment of, 39, 100.
Protracted labor, 393.
Pruritus; ani, 93, 218, 303; vulvæ, ergot in, 392.
Psoriasis; syphilitic plantar and palmar, treatment of, 258; chrysophanic acid in, 393.
Pterygium, 472.
Puerperal; hæmoptysis, 54; convulsions, 85, 137, 218, 350, 400, 416, 481; fever, 105, 116; eclampsia, 276, 341.
Pulmonary; disease; morphia in, 19; inhalations of benzoate of ammonium in, 393; relation of the liver to, 20; inhalations of benzoate of sodium, or salicylic acid in, 327; hemorrhage, treatment of, 382; consumption, alterations in the alimentary tract in, 458; pathology of, 485, 529; alveoli, hyper-distention of the, 507.
Pulsatilla, therapeutical value of, 254.
Purgatives, saline, tasteless, 39.

Quack; medicines, regular physicians dealing in, 285; advertisements the results of, 483.
Quacks and the medical law, 411.
Quadruplets, a case of, 261, 482.
Quebracho, in dyspnœa, 84, 194.
Question of performing surgical operations during pregnancy, 172.
Quinia; combinations and sea air for malaria, 28; for hypodermic use, 126.
Quinine; in pernicious, intermittents, 17; legislation about it, 148; in whooping cough, 193; our future supply of, 280; question, 348; consumption, 462; ointment in malarial fever, 545.
Quintuple birth, 440.

Races, the viability of, 543.
Radical cure; of hernia by injections, 265; of hydrocele, 285.
Railroad employees, color blindness in, 196.
Ramrods in therapeutics, 393.
Rare form; of skin disease, 435; of spermatorrhœa, 497.
Rate, high, of mortality, 263.
Reading, causes of fatigue in, 304.
Reappearance of menstruation after the change of life, 281.
Reasons, anatomical, for dextral preference in man, 407.
Recent apoplectic effusion, 7.
Record; of prescriptions, 18; of 300 cases of midwifery, 42.
Recovery; from penetrating wound of the head, 9; from vaginal thrombus, 25; from opium poisoning, 96, 342; from spontaneous rupture of the uterus, 135.
Rectal; polypi, 86; alimentation and medication, 497.
Rectum; aspiration through the, for perityphlitic abscess, 100; prolapsus of, treated by injections of ergotine, 366; 414.
Reducing obesity, plans for, 82.
Reduction of subastragaloid dislocation, 299.
Re-education of adult brain, 74.
Refractive power of the eye, diminution of, in glycosuria, 454.
Refutation of a wonderful story, 348.
Regular physicians dealing in quack medicines, 285.
Regulations for lunatic asylums, 21.
Relapse in typhoid fever, 6.
Relation; of the liver to pulmonary disease, 20; of cryptogamous growth to malarial poison, 60; of malarial fever and phthisis, 304; of consanguineous marriages to deaf-mutism, 326; of cowpox to smallpox, 346; of dress to health, 430; of diabetes to insanity, 523.
Relations; marital, injurious, 63; in uterine disease, 259; mental, of self consciousness, 192; of atelectasis and capillary bronchitis, to asthma, in adult life, 384; social, of physicians, 391.
Relative; merits of the gypsum jacket and adjustable supports in spinal debility, 70; safety of chloroform and ether, 392.
Relief, free medical, 108.
Religious opposition to compulsory vaccination, 506.
Remarkable; fecundity, 373; effects from the application of metals and the magnet, 437; case of precocious viability, 459; toleration of opium in an infant, 488; case of hermaphrodism, 541.

Remarks on typhoid fever, 5, 381.
Remedies in night sweats of phthisis, 258, 325.
Remedy; for round worms, 325; for neuralgia, 386; in catarrh, 414; in the night sweats of phthisis, 435; in muguet, 457; for malarial fevers, 479.
Reminiscences of a visit to Europe, 360, 508.
Removal; of a parotid tumor, 10; of testis, 118; of a living child ten minutes after the death of its mother, 189; of degenerated tissue by Faulkner's spoon, 210; of intra-uterine growths, 252; of the pharynx and larynx, 415; of a neoplasm from the bladder, 503; of intra-laryngeal growths, 539.
Renal inadequacy, symptoms and treatment of, 412.
Renunciation of homœopathy, 440.
Reporting infectious disease, 153.
Resina phytolaccæ, 304.
Resort for health, in winter, 153.
Respiration; Cheyne-Stokes, 100; prolonged artificial, 370.
Respiratory mucous membrane, a therapeutic agent in chronic disease of the, 507.
Restoration after the hand was completely separated from the arm, 541.
Restoring suspended animation, 60, 495.
Results; of sanitary science, 65; of quack advertisements, 483.
Resuscitation of an executed criminal, 505.
Retention; of urine, aspiration of the bladder for, 194; of saliva, 552.
Retinitis, albuminuric, 338.
Retroflexion, extreme, 160.
Retrospect of 1879, 15.
Revaccination; the value of, 350; compulsory, proposed in France, 417.
Reviews and Book Notices—
Atkinson—Therapeutics of Gynecology and Obstetrics, 211.
Beard—Nervous Exhaustion, 300; Sea Sickness, 519.
Brunton—Pharmacology and Therapeutics, 279.
Bumstead—Pathology and Treatment of Venereal Diseases, 14.
Carter—Eyesight, Good and Bad, 235.
Charcot—Diseases of the Nervous System, 36.
Clarke—The Practice of Surgery, 102, 147.
Cornil—Pathological Histology, 278.
Darling—Essentials of Anatomy, 345.
Day—Headaches, 279.
Dobell—Loss of Weight, Blood Spitting and Lung Disease, 147.
Duncan—Diseases of Women, 124.
Emmett—Principles and Practice of Gynecology, 344.
Fenwick—Practice of Medicine, 36.
Flint—A Manual of Auscultation and Percussion, 235.
Flückiger—Pharmacographia, 147.
Foster—Physiology, 367.
Frankland—Water Analysis, 542.
Frey—The Microscope and Microscopical Technology, 345.
Goodell—Lessons in Gynecology, 520.
Granville—Common Mind Troubles, 410.
Greene—Medical Chemistry, 367.
Groom—Minor Gynecological Operations and Appliances, 81.
Guttman—Physical Diagnosis, 433.
Hale—Management of Children, 520.
Hartmann—Deaf-mutism and Deaf-mute Education, 519.
Jackson—The Black Arts in Medicine, 542.
James—Sore Throat, 235.
Kane.—Hypodermic Injection of Morphia, 301.
Keyes—Venereal Diseases, 433.
Legg—Examination of the Urine, 498.
Leonard—The Hair, 322.
Marcy-Ercolani—Utricular Glands of the Uterus, 455.
Morris—Skin Diseases, 279.
Morton—Surgery in the Pennsylvania Hospital, 301.
Nettleship—Diseases of the Eye, 146.
Palmer—Homœopathy, 477.
Osler—Montreal General Hospital Reports, 322.
Poulet—Foreign Bodies in Surgical Practice, 433.
Reynolds—A System of Medicine, 255.
Roberts—Paracentesis of the Pericardium, 14; The Theory and Practice of Medicine, 102.
Richardson—On Alcohol, 390.
Shaffer—The Hysterical Element in Orthopædic Surgery, 498.
Sturgis—Venereal Diseases, 367.
Transactions; of the Medical Societies of Pennsylvania, Illinois and Mississippi, 14; of the American Medical Association, and the American Ophthalmological Society, 81; of the Medical Societies of New Hampshire, Virginia and Missouri, 124; of the Medical Society of Wisconsin, 191; of the Medical Societies of Vermont and Virginia, 212; of the Alumni of the Medical College of Ohio. 390.
Tyson—Examination of the Urine, 409.
United States Marine Hospital Service Report, 190.
Virchow—Post-mortem Examinations, 440.
Wickes—History of Medicine and Medical Men in New Jersey, 301.
Wilson—Health and Healthy Homes, 498.
Revival of animal magnetism, 304.
Rheumatism; acute, collodion in, 214, 303; treated by iodide of potassium and opium, 253; quinine in, 341; acute articular, benzoic acid in, 343; salicylic acid in, 366; insulation for, 371; subacute, 401; suppuration of joints after, 552.
Riberi prize, the, 264.
Rider's sprain, 305.
Rings, hernial, injecting the, 265.
Ringworm; formulæ for, 214; of the head, 388.
Rio Janeiro, yellow fever at, 373.
Risks of intra-uterine medication, 99.
Rosacea of the face, 17.
Rötheln, 342.
Round worms, remedy for, 325.
Royal physician, 395.
Rudimentary vagina, 321.
Rules for the treatment of croup, 34.
Rupture; of the uterus, 135; of the urethra, 206; of the duodenum from a blow on the abdomen, 407.
Russia, diphtheria in, 65, 220.

Safe means of producing anæsthesia of the larynx, 234.

Safety, relative, of chloroform and ether, 392.
Salicylate: of soda in gout, 366; of lime in chancroidal ulcers, 502.
Salicylated camphor, as a topical application to chronic ulcers, 369.
Salicylates in diarrhœa, 56.
Salicylic acid: effects of, 187; mixture, 281; inhalations of, in pulmonary tuberculosis, 327; in acute rheumatism, 366; is it injurious to the teeth? 480; in yellow fever, 516.
Saline purgatives, tasteless, 39.
Saliva, retention of, 553.
Salivary fistula, 343.
Sandalwood oil in cystitis, 284.
Sanitarians, a startling calculation for, 22.
Sanitary; organization, national, 22; science, results of, 65; evils of poverty, 256; condition of cities, 263.
Saratoga, mineral springs of, 445, 463.
Sarcina ventriculi, 75.
Sarcoma; of lung and jaw, 9; of dura mater, 10.
Saving time, 352.
Scabies, treatment of, 35.
Scarlatina: is it contagious, 98; in children, 453.
Scarlatinal contagia, its nature, and interchangeability with diphtheritic, 344.
Scarlet fever; some points about it, 19; statistic, climatic, and allied features of, 67, 89.
Sciatica; hypodermic injection of ether in, 58; of chloroform in, 384, 522; nerve stretching in, 238; warm vinegar and mullein in, 545.
Science; sanitary, results of, 65; secrecy *vs.*, 153.
Sclerotinic acid and sclerotinate of sodium, physiological effect and therapeutic value of, 143.
Scrotum, tumor of the, 118.
Scurvy, land, 172.
Sea air and quinia combinations for malaria, 28.
Seborrhœa corporis, 230.
Secretary of the Navy, are naval surgeons his serfs? 175.
Section, Cæsarean, extraordinary, 417.
Sedation, hepatico-cardiac, 419.
Self-consciousness, curious mental relations of, 192.
Senile changes, so-called, 430.
Sensitiveness, morbid, 286.
Separation; of the placenta from its uterine attachments, 460; of the hand from the arm, 541.
Sepsis, diabetes and, 459.
Serpiginous syphiloderm, 231.
Service, night medical, 439.
Sex, diagnosis of, 427.
Ship disease, yellow fever as a, 326.
Shock; severe, treatment of, 122; cerebral, 500.
Shoulder joint, amputation at the, 553.
Shrubs, poisonous, 326.
Significance of tension in abscesses, 106.
Sign of incipient mental disease, 434.
Silver nitrate; in burns, 193; improved caustic of, 371.
Simple; polyuria depending on a cerebral tumor, 415; treatment for infantile intertrigo, 460.
Singular malformation, 460.
Skin; grafting, 52; disease, a rare form of, 436.
Sleep, condition of the eye during, 459.
Slight perineal lacerations, importance of early attention to, 80.
Slippery elm suppositories in piles, 171.
Smallpox; precautions against, 87; its relation to cowpox, 346; treatment of, 453.
Smoking Indian hemp for tetanus, 503.
Snake bites, deaths from, in India, 418.
Sneezing, attacks of, 171.
So-called senile changes, 430.
Social relations of physicians, 391.
Soda; sulphite of, in malarial fevers, 57; benzoate of, in ulcerations, 171; in gonorrhœal ophthalmia, 435, salicylate of, in gout, 366.
Sodium; formiate of, as a defervescent, 40; benzoate of, 61, 127, 327, 347, 370; sclerotinate of, 143; chloride of, in diphtheria, 412.
Soil, dampness of, productive of phthisis, 41.
Solutions, alkaline, injections with, 75.
Solvent of uric acid calculi, 347.
Some; points about scarlet fever, 19; unusual forms of continued fever, 29; remarkable immediate effects from the application of metals and the magnet, 437; early symptoms of insanity, 456.
Sore throat, ulcerated, benzoate of sodium in, 347.
Specific treatment of typhoid fever, 381.
Spermatic; veins, treatment of varicocele by acupressure of the, 188; colic, 454.
Spermatorrhœa, a rare form of 497.
Sphygmograph, a new form of, 21.
Spina bifida, 205.
Spinal; debility, relative merits of the gypsum jacket and adjustable supports in treating, 70, 101; cord; its condition in phosphorus poisoning, 546; injury to the, 553.
Spine; irritable, 33; lateral curvature of, treated by a new method, 342.
Spirilla spirochætes, 238.
Spleen, albuminoid degeneration of the, 331.
Sponge; attached to the cervix, 341; tents in ulcerated os and cervical endometritis, 413.
Spontaneous; rupture of the uterus, 135; cure of congenital talipes varus, 283.
Spoon, Faulkner's, its use in removing degenerated tissue, 210.
Sprain, riders', 305.
Spring, mineral, of Saratoga, 445, 463.
Squire's operation for port-wine nævus, 61.
Stammering of the vocal cords, 121.
Starch, iodide of, in the treatment of lupus erythematodes, 475.
Startling calculation for sanitarians, 22.
Starving out cancers, 40.
Statistic, climatic and allied features of scarlet fever, 67, 89.
Statistics; how to manage them, 106; of ovariotomy, 241, 305; frostbite, 500; mortality, 554.
Stereoscopic microscopy, 461.
Stomach, dilated, 75.
Strangulated femoral hernia, 518.
Stretching of nerves; in obstinate sciatica, 238; two cases of, 277.
Strumous enlargement of glands, use of Faulkner's spoon in 210.
Strychnia, the action of, 127.
Studies of inebriety, 157.
Study; original, in private practice, 125; on the treatment of hepatic colic, 320.
Subacute rheumatism, 402.
Subastragaloid dislocation reduced, 299.
Subcarbonate of iron in arsenical poisoning, 320.
Subclavian artery successfully ligated, 134.
Subcutaneous injection of ergotine in the treatment of prolapsus recti, 414.
Subperitoneal fibroid, 162.

Subsulphate of iron, a glycerite of, 11.
Success, professional, suggestions for, 499.
Successful; *cause* of cholecystotomy, 56; of transfusio sanguinis, 359; *treatment*, of enlarged prostate, 100; of imperforate anus, 454; *ligation* of the subclavian artery, 134.
Sudden death; after colotomy, 10; of physicians, 461.
Suggestions; in diarrhœa, 122; for professional success, 499.
Suicides in Denmark, 370.
Suits for malpractice, discouragement of, 37.
Sulphate of zinc in anæmia, 104.
Sulphide of calcium in suppurating buboes, 500.
Sulphite of soda in malarial fever, 57.
Sulphuric acid as a prophylactic in cholera, 150.
Sulphurous acid in diphtheria, 171.
Summer; diarrhœa of adults, 378; hygiene of infants, 465.
Sunstroke, 533.
Supply, future, of quinine, 280.
Supports, adjustable, and the gypsum jacket, in spinal debility, 70.
Suppositories of slippery elm in piles, 171.
Suppurating; buboes, sulphide of calcium in, 500; joints, after articular rheumatism, 552.
Surfaces, ulcerating, oxygen applied to, 120.
Surgery of the urinary organs, 475.
Surgical; operations during pregnancy, 172; instruments, the preservation of, 195; operation on a horse under an anæsthetic, 283.
Suspended animation, method of restoring, 60.
Suture, a novel, 506.
Sweats, night, of phthisis, 258, 325, 435.
Swindle, by bogus diplomas, 323.
Symmetrical irritation and anæsthesia, 282.
Sympathy, abortion through, 40.
Symptom, diagnostic of fractured femur, 524.
Symptoms; of chronic arsenical poisoning, 169; of defect of the eye, 287; of hysteria, 289; of renal inadequacy, 412; of insanity, 456.
Syphilis: French views of it, 20; isolation for, 237; treatment of, 253; injection of corrosive sublimate in, 328; effects of temperature on, 459.
Syphilitic; infection, herpes from, 12; plantar and palmar psoriasis, treatment of, 258.
Syphiloderm, tubercular serpiginous, 231.
System; the metric, 43, 242; nervous, effects of conception on the, 523.
Systemic poisoning by the external application of carbolic acid, 501.
Tænifuge, blackberries as a, 126.
Taints, constitutional, 41.
Talipes varus, congenital, spontaneously cured, 283.
Tapeworm; cure for, 83; aspidium marginale, in, 382.
Tasteless saline purgatives, 39.
Teeth, is salicylic acid injurious to the, 480.
Temperature; low, vitality of certain bacteria when exposed to a, 150; its diagnostic value in intestinal obstruction, 348; its effects on syphilis, 459.
Tension, in abscesses, its significance, 106.
Tents, medicated sponge, in treating ulcerated os and cervical endometritis, 413.
Test; for chloroform, 12; pellets, 309; for albumen in urine, 552.
Testimony, expert, 105.
Testis, removal of the, 118.
Tetanus; treated by smoking Indian hemp, 503; the origin of, 517.
Theory of contagion, Prof. Tyndall's, 65.
Therapeutic; *value;* of the alkaline chlorates, 50; of sclerotinic acid and sclerotinate of sodium, 143; of pulsatilla, 254; of nitro-glycerine, 365, 408; *action*, of benzoate of sodium, 127; *management* of consumptives, 321; *use* of iodoform, 366; *agent* in chronic disease of the respiratory mucous membrane, 507.
Therapeutics; Napheys' modern medical, 392; the ramrod in, 393.
Therapy of heat, 314.
Thermo-chemistry, 150.
Threatened abortion and miscarriage, viburnum prunifolium in, 302, 365.
Throat, operations on the, 168.
Thrombosis; cerebral, 381; portal. 518.
Thrombus, vulvo-vaginal, 23, 25, 128.
Tight lacing, 297.
Tincture of benzoin in toothache, 303.
Tinea sycosis, 230.
Tissue, degenerated, removed by Faulkner's spoon, 210.
Tobacco chewing, 132, 195, 220, 329.
Toleration of opium in an infant, 488.
Tonga—a remedy for neuralgia, 386.
Tongue; the, in malarial affections, 61; ablation of the, 499.
Tonic glycerine, 435.
Tonsils, enlarged, a fatal case of, 107.
Toothache; as a cause of paralysis, 253; compound tincture of benzoin in, 303.
Topical application; of salicylated camphor to chronic ulcers, 369; of salicylate of lime in chancroidal ulcers, 502.
Tracheotomy in diphtheritis, 105.
Tract, alimentary, alterations in the, in pulmonary consumption, 458.
Trade in patent medicines, its extension, 236.
Transfusion; cautions in, 128; a case of, 359.
Transmission of tuberculosis, 415.
Transplantation, corneal, 17.
Transverse fracture of the patella, 320.
Traumatic salivary fistula, 343.
Traveling by water, abortion induced by, 61.
Treatment; of the new-born child, 2; of ununited fracture of the patella, 33; of croup, 34, 298; of scabies, 35; of dyscrasiæ, 38; of prostatic enlargement, 39, 100; of internal hemorrhoids, 55; of spinal debility, 70; of diphtheria, 80, 107, 173, 297; of ozæna, 84; of perityphlitic abscess, 100; of puerperal fever, 105, 276; of diarrhœa, 106; of convulsions in children, 121; of severe shock, 122; of phthisis, 123, 168; of jaundice, 150; of ophthalmia, 167, 452; of lupus, 169; of pneumonia, 173; of bronchitis, 186; of varicocele, 188; of tumors, 194; of eczema, 196; of uterine displacements, 201; of iritis, 209; of chronic cystitis, 210; of chronic nasal catarrh, 233; of diseases and injuries of the hip, 233; of a burn, 240; of laryngismus stridulus, 251; of venereal diseases, 252, 353; of rheumatism, 253; of diabetes 258; of psoriasis, 258; of anæmia and chlorosis, 259; of chest diseases, 259; of hæmoptysis, 277; of lying-in-women, 184, 305; of transverse fracture of the patella, 320; of arsenical poisoning, 320; of hepatic

colic, 320; of pulmonary tuberculosis, 327; of intestinal catarrh in children, 327; of lateral curvature of the spine, 342; of typhoid fever, 364, 381; in malarial fevers, 364; of leprosy, 369; of hydrocele, 371; of pulmonary hemorrhage, 382; of cerebral thrombosis, 383; of lumbago and sciatica, 384; of ringworm of the head, 388; of infantile intertrigo, 392, 460; of nasal polypus, 406; of renal inadequacy, 412; of itch, 413; of ulcerated os and cervical endometritis, 413; of exophthalmic goitre, 414; of prolapsus recti, 414; of epistaxis, 435; of scarlatina in children, 453; of smallpox, 453; of imperforate anus, 454; of disease of the heart, 474; of lupus erythematodes, 475; antiseptic, 476; of fractured vertebræ; 481; of hydatid cysts of the liver, 496; of tetanus, 503; of anal fissure, 522; of cancer, 40, 349, 540; of post-partum hemorrhage, 540; of progressive myopia, 552.
Trees, poisonous, 326.
Trichinosis, 238.
True physical culture, its objects, 59.
Tubercular serpiginous syphiloderm, 231.
Tuberculosis; of the heart, 188; from diseased milk, 238; pulmonary, treatment of, 327; transmission of, 415.
Tuberculous joints, excision of, 547.
Tumor; parotid, removed, 10; of the scrotum, 118; ovarian, 136; pelvic, 177; in the brain, 340; simple polyuria depending on, 415.
Tumors, injection of chloral in the treatment of, 194.
Turkish bath, effects of the, 216.
Turning, indications for, 365.
Turpentine in cancer, 349, 540.
Two cases of nerve stretching, 277.
Tyndall's theory of contagion, 65.
Type, epidemic, of erysipelas, 298.
Typhoid fever; complicated by heart disease, 5; relapse in, 6; in children, 10; diet in convalescence from, 41; infantile, 55; cold baths in, 57; its causes, 94; internal administration of carbolic acid in, 364; specific treatment of, 381.

Ulcerated; sore throat, benzoate of sodium in, 347; os, medicated sponge tents in, 413.
Ulcerating surfaces, oxygen applied to, 120.
Ulcerations, benzoate of soda in, 171.
Ulcers: chronic, topical application of salicylated camphor to, 369; chancroidal, salicylate of lime in, 502.
Ulna, fracture of the, 141.
Underwork, 522.
Unintentionally poisoned food, 215.
United States; leprosy in the, 17; Marine Hospital Service, official changes, 64.
University College commencement, 262.
Unknown disease among new-born infants, 126.
Unsound meat as a cause of disturbed vision, 369.
Ununited fracture of the patella, 33.
Unusual; forms of continued fever, 29; symptoms of hysteria, 289.
Uræmia, morphia in, 298.
Uranium, nitrate of, in diabetes, 258.
Urethral calculi, 206.
Uric acid calculi, borocitrate of, as a solvent of, 347.
Urinary; concretions, does the continued use of acid phosphate induce them, 437; organs, surgery of the, 475.
Urine; influence of phosphorus on, 118, 343; aspiration of the bladder, for retention of 194; delicate test for albumen in, 552.
Urticaria yielding to electricity, 167.
Use; of ergot hypodermically in phthisis, 123; of quinine, hypodermically, 126; of blisters in pneumonia, 173; long continued, of chloral, 187; of albuminate of iron, 189; of quebracho in dyspnœa, 194; of Faulkner's spoon in removing degenerated tissue, 210; of ergot in inflammatory affections, 214; of veratrum viride, 217; of morphia, 327; of jaborandi, 340; of turpentine in cancer, 349; of salicylic acid in acute rheumatism, 366; of iodoform, 366; of acid phosphate, 437; of boracic acid, 464; of alcohol, 458; of gurjun oil in leprosy, 480.
Uses, medical, of milk, 79.
Uterine; fibroid cured by ergot, 151; displacements, mechanical treatment of, 204; disease, marital relations in, 259; attachment of the placenta, separation of, 460; polypi, 538.
Uterus, spontaneous rupture of the, 135.

Vaccination; 305; and varicella, 150, 194; animal, 197; does it protect? 213; and inoculation, 285; compulsory, opposed on religious principles, 506.
Vaccine from inoculated cows, 329.
Vagina; osseous occlusion of the, 316; rudimentary, 321.
Vaginal; douche of hot water, how to apply it, 54; thrombus, 128.
Vagus, pressure on the, a cause of pertussis, 388.
Value; therapeutic, of the alkaline chlorates, 50; of sclerotinic acid and sclerotinate of sodium, 143; of venesection in pleurisy, 98; of the dependent position of the head in operations on the mouth and throat, 168; of lateral movements of the knee joint, 172; of parallelism in the treatment of diseases and injuries of the hip, 233; of pulsatilla, 254; of temperature in intestinal obstruction, 348; of revaccination, 350; of nitro-glycerine in angina pectoris, 365; of prolonged artificial respiration, 371; of nitro-glycerine, 408; of the forceps in difficult labor, 503.
Valvular disease of the heart, 474.
Vanillin, artificial, its properties, 19.
Vapor; antiseptic, improved method of applying, 458; of chloroform for earache, 479.
Varicella, vaccination and, 150.
Varicocele; new method of operating for, 57; treatment of, 188.
Variola, congenital, 552.
Various forms of dyspnœa, influence of quebracho on, 84.
Vehicle, the best, 241.
Veins, spermatic, treatment of varicocele by acupressure of the, 188.
Venereal diseases, treatment of, 252.
Venesection in pleurisy, 98.
Veratrum viride; the use of, 217; in puerperal convulsions, 350.
Version in contracted conjugate, 111, 119.
Vertebræ, fractured, treatment of, 481.
Veterinary; organization, national, 22; board of health, 65; college commencement, 242.

Viability; early, 260, 351, 437, 459; of races, 543.
Viburnum prunifolium in threatened abortion and miscarriage, 303, 365.
Vicarious menstruation, 295.
Vice, disease vs., 157.
Views; French, of syphilis, 20; modern, of phthisis, 371.
Vinegar and mullein, in sciatica, 545.
Vision, disturbances of, from eating unsound meat, 369.
Visit to Europe, 360, 508.
Vitality; of certain bacteria when exposed to a low temperature, 150; persistent, 413.
Vitriol-throwing case, 229.
Vivisection in Germany, 64.
Vomiting of pregnancy; chloral in, 258; bromide of potassium in, 303.
Vulcanite plates, injurious effects from, 216.
Vulva, hæmatoma of the, 247.
Vulvo-vaginal thrombus, 23, 25.

Wall papers, poisonous, 282.
Warburg's remedy in malarial fevers, 479.
Warm vinegar and mullein in sciatica, 545.
Washington, General, death of, 175.
Water; hot; how to apply it as a vaginal douche, 54; premature labor induced by, 194; abortion induced by traveling by, 61; cold and hot, in post-partum hemorrhage, 144, 540; coils for cooling, 242; cold enemata of, in diarrhœa of children, 482.
Weather in Europe, 131.
Weight, loss of, in epileptics, 414.
What candies contain, 436.
When; to deliver the placenta, 305; to perform ovariotomy, 432.
Whooping cough; mixture, 39; fumes of carbolic acid in, 84; quinine in, 193; chloride of potassium in, 325.
Wines, Hungarian, 130.
Winter health resort, Atlantic City as a, 158.
Woman's medical college commencements, 262.
Women; as physicians, 106; lying-in, management of, 184, 305; dialysed iron in diseases of, 219; cruelty to, 483.
Wonderful story refuted, 348.
Work; on the eye, by Landolt, 87; a microscope, how to, 130.
Worms, round, remedy for, 325.
Wound; of the head, 9; of the axillary, 134; of the knee joint, 319.
Wourali poison, 502.
Writing a record of prescriptions, 18.

Yellow fever; in New Orleans, 43; as a ship disease, 326; at Rio, 373; salicylic acid in, 516.
Young children, dangers of chronic bronchial catarrh in, 383.

Zinc; sulphate of, in anæmia, 104; chloride, in nasal polypus, 149; oxide in eczema, 149.

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MORBID IMPULSES.

BY HORATIO R. BIGELOW, M.D.,
Of Washington, D. C.

In an article written for the Cincinnati *Medical News*, in May, 1874, I offered the following explanation of the morbid impulse:—

"When the impulse becomes dominant, asserting itself despite the will, then it is that the person is pronounced insane. The mere existence of the *fixed idea*, so long as it be controlled by volition, is in no wise an abnormality. When the hemispherical cells cease to react upon each other harmoniously, when an idea prolongs its tension so as to 'tyrannize over the understanding, and become an absorbing entity,' illusions and delusions result. A man in this condition of mental erythism, acting under a delusion, would not be amenable to law, only in so far as his confinement in a proper asylum would be demanded. The *modus operandi* by which an idea becomes excited and active is this: The necessary external stimulus applied to the sensory ganglia is expressed outwardly as pleasure or disgust, while the residua furnish to the well-balanced mind the stimulus which was necessary to excite the particular idea in one of the numerous cortical cells. Just what stimulus was needed, and just what idea would obtain from its application, are the lessons stamped on the mental growth by the experience of generations. The nervous action may become weakened by the vicious transmission of heredity, or the integrity of the nervous vitality of the centres may be upset by injurious practices."

A more precise observation has forced the belief upon me that a morbid impulse, which is always dominant and may not be controlled by the will, never originates *de novo*, but is the result of previous family instability. The underlying predisposition to the various conditions of mental erythism may always be found in a transmitted tendency of heredity, or, in women, in uterine disorders and misplacements. The hypochondria incident to acute dyspepsia is often the offspring of eccentricity (so-called) in either the father or the mother, and may, in turn, become the parent of a more pronounced form of mental unsoundness in the next generation. Each one, in his life's history, may remember the existence of a transitory impulse, which, had it been realized outwardly in action, would have occasioned shame and disgrace. But such occasions only become matters of legitimate legal inquiry when they are offered in extenuation of crime. An influential consideration which must always be a prominent factor in the ultimate diagnosis is the social position of the patient. The commission of a criminal act by a person whose previous record has been untarnished, who has never been vicious or immoral, whose education has been elevating and whose associations such as tend to develop and strengthen the better sentiments of human nature, is much more apt to be caused by disease, than would be a similar realized impulse in one whose constant acquaintance with crime had lowered the moral tone and brought into prominence the brutal passions.

The law differentiates in the two instances with equity and good sense, consigning the one to an insane asylum and the other to prison. Morbid introspection, or the constant consideration of an impulse to commit an offence, will sometimes

become so overmastering that the victim, recognizing the imminent danger to himself and others in a weakened will power, will request to be put under surveillance. Such a case, and one of great interest, is fully described by M. Dagonet, in the *Journal de Médecine Mentale*, 1869, p. 317. It is also worthy of note that all the cases cited in the literature of mental disease as instances of morbid impulse have occurred in the middle or higher grades of society. The advance of civilization, rather than its absence or retardation, exerts a marked influence in their development. The greed of gain, the fluctuations of the money market, the exciting condiments of sumptuous tables, the sensual and demoralizing literature and art which delight the æsthetic young people of the period, are the necessary evils of our day and generation. Ignorance will foster superstition, debase the intellect and weaken the mental growth, but it will not disrupt the harmonious intercommunication of perception and will. Very rarely, if ever, has it been the case that a dominant impulse has obtained among the ignorant. When the existence of this condition of mental crythism is urged in the extenuation of crime, it should be the duty of the physician to inquire minutely into the inherited tendencies of the prisoner, to seek for parental eccentricities, to weigh well the previous mental states, the social position and early training; and should it be a woman, to examine carefully for uterine flexions. Many women have been confined in asylums for acute and chronic insanity, who have recovered almost immediately upon the correction of a mal-placed uterus. Disorders of the digestive apparatus may be the exciting cause in a person so predisposed by reason of a transmitted taint.

The relation of the morbid impulse to crime is an intimate one. The abuse of the plea in criminal courts should not blind our eyes to its frequent existence. Just when the court may make a discrimination, and differentiate between a crime committed with a calm and sane deliberation, and others committed on the impulse of the moment, or from the predominating assertion of a morbid impulse, is a matter of frequent and interesting medico legal inquiry. The theory of mania transitoria, urged with so much ability and success in the Reynolds and McFarlane trials, could not bear the test of intellectual inquiry. While such states of mental unsoundness are incident to epilepsy and cerebral congestion, giving rise to transitory mania, no essential and primary disease of this kind is known in neurology. Yet a crime committed by a person who himself was a victim to epilepsy, or whose antecedents had been epileptic, might be condoned with propriety upon such a plea. The heat of passion occasioned by wrongs, imaginary or actual, does occasion cerebral hyperæmia, but such a plea could not be accepted in equity, by any court, as palliative of an offence committed. The immediate antecedent and subsequent mental condition of the prisoner, in relation to the crime, had been normal. He had no inherited disease, and the passion was self-caused and might have been controlled. No man may take the law into his own hands. To urge the plea of mania transitoria in such a case, because a condition of cerebral hyperæmia did obtain, is to stultify scientific medicine. The desire of redress for wrongs inflicted is natural and general. The Christian fortitude to bear our ills with serenity—to suffer long and be kind—is rare. The constant contemplation of our troubles may lead to morbid mental states; but, except in rare instances, the criminal impulse may always be controlled by the will; and even where the will has become weakened we are always conscious of its approach, and our relations to society then demand that we should seek sanitary intervention. A morbid impulse beyond the control of the will never manifests itself without previous warning. A criminal act perpetrated under these conditions is to be taken cognizance of by the law, only in so far as the patient is criminal in not surrounding himself with necessary protection against the outburst. In advanced stages, even for such negligence, a man may not be accountable, as a will sufficiently weakened to fail in controlling any manifestation presupposes that it is equally weak in all things, and is not, therefore, capable of realizing its own insufficiency. Such a painful condition is true insanity, and should be treated as such.

AN IMPROVED METHOD OF TREATING THE NEWLY-BORN CHILD.

BY W. J. CRAIGEN, M.D.,
Of Cumberland, Md.

In my treatment of the newly-born infant—

It is not washed.

It is not dressed.

It is not fed.

It is not bandaged.

Its umbilical cord is not compressed.

Probably, to the great mass of physicians this is an unheard-of innovation; at least, I have not come in contact with a practitioner who advocates or resorts to the method.

To ascertain if there is any advantage over the old or present method, it may be well to compare them. And to premise, I will say I find the temperature in the vagina of a parturient woman during normal labor to be 100°. The temperature in the axilla and groin of a newly-born child, while under the bed coverings, and previous to severing the cord, is 99°

It has been asserted that one-half of all the children born in the world die under 5 years of age. If this is true, is there any way of accounting for such a fearful mortality? I believe there is, and the very first or initial treatment the young child has imposed upon it is one of the main factors.

In the present method, as soon as the child is extruded from the mother, two ligatures are quickly thrown around the umbilical cord, and it is severed by a single cut of a sharp instrument between them. Some prominent instructors say this is the proper way, for *cleanliness*.

The amniotic liquor is soon evaporated from its surface, and about the time reaction occurs the garrulous nurse takes it on her lap, and at once exposes its nude, moist body to the atmosphere, in a room whose temperature is somewhere from 70° to 60° or even less. There is a sudden reduction of temperature to this tender infant, of 39° or more. Then, with her dish of warm water, pot of grease, soap and towel, she leisurely begins the process of inunction, soaping, washing, rubbing, inspecting, wiping, eulogizing and comparing. She views this exposure as a matter of utter indifference, yea, even a necessity, for the grease and *dirt* must be washed off, and she must have time and opportunity to do it properly.

Ask her why she washes the child, and she will tell you, to make it clean. Ask her if she can wash it clean then, and if she has any experience in the ablutions of new-born infants, the question will puzzle her, but she may quickly reply, she will wash it clean next time. I then tell them to wait until next time to wash the child. Tell her the ancient people of Germany, Britain, Scythia and Greenland follow the Lacedemonian custom of plunging the fœtus into cold water or ice water, or even roll it into the snow, immediately after its birth, as appears to be still the practice in some remote districts of the vast empire of Russia, and she will raise her hands in horror, and exclaim, "what horrid brutes,' while at the same time she solaces herself with the error that the water she is using is so warm and nice for the little one. Little does she dream the warmer the water the greater the chill is to the child.

After completing this refrigerating process, she leisurely commences adjusting the articles of dress. The doctor has first applied to the umbilical cord a piece of greasy, stiff, ribbed and guttered, corrugated, serrated and stitched old linen shirt front. The superfluous edges are folded several times, and this compress is held in place by a belly band, which she proceeds carefully to apply. This bandage consists of two thicknesses of stiff, glazed, new cotton cloth, hemmed, and possibly embroidered. It is generally made too large, and has to be folded over an inch at the top. With the index finger of the left hand for a fulcrum and the bandage for a lever, she succeeds in getting the child pretty well *supported*. "This is to keep it from bustin' open when it cries." The superfluous length is folded into a ridge or welt, and pinned over the back or side. I attended a parturient woman who had emigrated from the north of England. She produced a neatly made bandage, the size of which I estimated to be four inches wide and one and a half yards long. She told me such was the custom where she came from. Just think of the constriction of those children. The little shirt, with its embroidery, lace and frills, is next slipped on, and its superfluous folds and lace-edged flaps are pinned down, front and back. Next the heavy napkin, and then the double thick, stiff, glazed, new cotton petticoat body and flannel shirt are applied. The superfluous material in this case is also folded and pinned over the back. Next we have the dress, perhaps stiffly starched, with its loose neck and tucked body, and long, lace-trimmed sleeves, to be turned up over the hands. Fortunately this garment is fastened with tapes. The child's head and shoulders are covered with a small fancy shawl or blanket, and it is next entirely enveloped in a heavy woolen shawl. It is placed in a cradle, and two, four or more thicknesses of heavy comfortables are piled on top of it. An occasional shawl or two found about the room is also thrown over it, and it is told to take a *comfortable* nap. These manipulations having lasted thirty or sixty minutes, has, together with its pitiable lamentations, about exhausted it. Its hands and arms, feet and legs are cold and blue, and it is so thoroughly chilled it does not recover its heat for hours. When the child cries nurse concludes it is hungry, and she determines to feed it. Accordingly, it is stuffed with cracker and water, cracker, butter and sugar, or "sugar tit," whisky toddy, and possibly some milk and water. Should this not suffice to keep it quiet, she imagines it is sick, and forthwith pours down its throat catnip

tea, catnip tea, mint tea, or some other kind of vile, abominable weed decoction, which may be in reach. To show what horrible things children are sometime dosed with, the most nauseating, disgusting and offensive fetor I ever smelled was from a decoction made from the hard warts taken from the inner surface of a horse's leg, and administered to an infant by its mother, to cure thrush. It lived but a short time.

A few days after the birth of the child you are greeted some morning by the nurse with the following story: "Doctor, baby is sick. It has a bad cold on its breast. Its little navel is sore, and it has a breaking out all over its body. It cried and whined and coughed all night long, and it breathes so bad. It did not pass water all the first day, and I gave it some pumpkin seed tea, and it is better now(?). It has the janders, and I gave it some saffron tea. It would not nurse, and I gave it some catnip tea. I gave it some mint tea, and it brought up wind like a grown person. If it cries as bad to-night, I will have to give it some cordial, but I don't want to give it *medicine* as long as teas and sich will do. I expect it nursed this cold from its mother." Yes, madam, the more you feed it the longer you will sit up with a crying child.

The picture may seem overdrawn, but it occurs throughout the country every day.

In the last sixty days I have discovered the following trash, fed to three infants, during the first forty-eight hours after birth, and this regardless of my instructions, expostulations and scolding, viz., watermelon seed tea, saffron tea, whiskey toddy, and cracker "sugar tit." One was nearly killed by the mother using chloroform liniment on her breasts, and another was applied to the breasts of a woman who had been delivered seven months previously. This child I sat up with the latter half of the night, to prevent spasms. I believe few physicians know what torture infants undergo.

Now, is it not probable that this exposure to cold and chilling of the body is the initial or starting point, the foundation and the cause of that train of numerous evils and ills which lead to such a fearful mortality?

Is it not more than probable that serious injury to, or structural changes of, the delicate molecules and tissues are produced, which lead to diseases present and remote?

A case was reported to me where an old nurse washed a child, rinsed it twice, and soon after found the lower extremities paralyzed, from congestion of the spinal cord, I suppose.

Is it not probable that the highly perfumed soaps, with their irritating essential oils, caustic alkali, diseased and decomposed fats, applied to the delicate skin, produces strophulus, crusta lactea, eczema, purulent ophthalmia, erysipelas neonatorum, a febrile condition which results in scaling of the whole epidermis, and numerous other diseases?

Does not the absurd cramming of improper articles into the tender infant's delicate stomach produce irritation, indigestion, flatulence, pain, cramps, colic, spasms, etc., which are another source of disease?

And the navel of the poor little tortured creature, with its useless greasy rag dressing, sloughing cord, and disagreeable fetor, is rubbed by the injurious, stiff-rucked bandage, until there is often a wide zone of inflamed and ulcerated painful tissue surrounding it. And is not this also a source of disease?

Should we not really expect a greater mortality than fifty per cent. from such treatment to infants as this?

Believing a change was necessary, I adopted, ten years ago, and have been testing, the following plan:—

As soon as the child is expelled from the mother it is placed on its right side, in a comfortable position for breathing, and kept well under the bed clothing until the cord ceases to pulsate. This is for the retention of the additional grams of blood. Not wishing to sever the cord like other animals, I nick it slowly with a pair of dull scissors, then catch it close to the abdomen, between the thumb and index finger of the left hand, and strip out the blood and gelatine with the thumb and index finger of the right hand, then throw a ligature around it. In my own household I do not ligate the cord. It is nicked off slowly, allowed to bleed for a few seconds, stripped well, to collapse the vessels, and then left dangling in that condition. It dries rapidly, curls up on the abdomen without giving trouble or being in the way, and drops off in a day and a half to four days, without irritation and but little fetor.

Should there be a thick, dense, hard, unyielding cord, from which nothing can be pressed, beware of it, for as soon as the dessication relieves the constriction of the one or more ligatures, the child will bleed to death, as did one for me. See that the vessels are collapsed, and I think there will be no fear, although literature gives us some curious cases. The case of a lacerated cord which came under my supervision did not bleed, and another reported to me gave no trouble.

After ligating the cord, a coating of fresh, soft lard is quickly applied to the whole surface of the child, exeepting its face, which latter is to be wiped off with a damp cloth. A napkin is applied about the hips, and it is quickly slipped into a soft, loose flannel gown, enveloped in a proper blanket, and laid in some comfortable place; it can there suck its fist or test its lungs and vocal chords. If the mother is healthy, she can suckle it when she feels inclined, but it is to have nothing except what it gets from her breasts; some infants sleep twelve hours before they nurse.

In twenty-four or thirty-six hours the infant has become somewhat accustomed to the great change in temperature it has been subjected to. The nurse can then give it its first ablution. Upon removing the gown, she will find its skin perfectly clean of the vernix caseosa, smooth, soft and velvety. After quickly bathing and drying, it is to be reclothed in napkin and gown, as at first. This is to be followed from day to day, until the cord drops off, when it can be turned over to its sympathizing torturers, to be dealt with as they are inclined, and to have its band applied every morning, and removed in a roll from under its arms each evening, and *vice versa*.

Intelligent mothers are much pleased with this method and prefer it to the other. They claim the scalp is always in a better condition afterward.

Should the infant be troubled with colic, from over nursing, it can generally be relieved by three or five grains of the following admirable combination:—

R.	Magnesiæ ust.,	grs. xx	
	Pulv. rhei,	grs. x	
	Ol. anisi,	gtt. x.	M.

In justice to nurses, I will say, although I have yet to see the first one whose competency and training entitles her to cross the threshold of a lying-in chamber, yet few and rare are their instructions from an enlightened profession: surely it should be considered an occupation worthy of any woman, and higher than others she has access to, and the profession, for its own advantage, should try to induce seasible women to adopt it.

—Dr. John N. Niglas, health officer of Peoria, Ill., in his report for the year 1878, remarks upon the general improvement in sanitary matters which has resulted from the establishment of a State board of health in Illinois. The number of births is stated at 670, of which only 3 were colored; there were 343 males, 302 females, and 25 unknown; still-births, 29, 14 male, 15 female.

Hospital Reports.

Pennsylvania Hospital.

CLINIC OF PROF. DA COSTA.

Remarks upon Typhoid Fever, Complicated by Heart Disease. Relapse in Typhoid Fever. Autopsy in Recent Apoplectic Effusion.

Delivered at the Hospital, Philadelphia, Nov. 8, 1879.

REPORTED BY DR. FRANK WOODBURY.

Two Cases of Typhoid Fever.

Gentlemen, I will first call your attention to two cases of typhoid fever. In this man you will see a complication that may be found in ordinary cases of this disease; in the other you will observe some peculiar features that will repay you for their clinical study.

The first patient, a young man 19 years of age, I found in the wards of the hospital, occupying bed 12, when I took charge of them on November 1st; he then presented an undoubted case of typhoid fever. As regards his early history, it was ascertained that, as near as we could make out, it began on the 24th of September; that he had a diarrhœa, soon afterward associated with a febrile disorder. Upon being brought to the hospital a few days later, the temperature was found to be 104° F. in the axilla, but the pulse—I am now reading the notes of the day of admission—was not above 88 in the minute. Indeed, it has been a remarkable fact in this case that the pulse has remained so low throughout the case. Looking at the record almost from the day of admission, which was September 29th, (therefore five or six days after the disease had declared itself), we find the pulse of 86, 80, 76, 70, 70, 66, 70, and so on. All this time the temperature remains more or less high, not, perhaps, high in the sense of its being a marked fever-case, yet high relatively, when taken in comparison with the normal state. For instance, an afternoon temperature of nearly 102°, and a morning fall to 100° or more. Here, at once, we are struck with the fact that the patient has a pulse that does not correspond with the temperature. As a rule, you know that with a temperature above 102°, the pulse would rarely be below 100. As the pulse rises the temperature rises, or, perhaps, it would be more correct to state the reverse, a high temperature is accompanied by a rapid pulse. The disproportion here between the pulse and the thermometric record has been marked from the onset of the disease.

You will now want to know: Does this peculiarity apply only to the frequency of the pulse, or does it apply also to its character? It does not. The pulse, throughout the course of the disorder, was a compressible pulse; very much the pulse we are in the habit of finding in typhoid fever.

I will not say much about the case as regards the general symptoms. He had the usual eruption, the usual enlargement of the spleen, the usual diarrhœa, which we find in typhoid fever. His temperature has now been about normal for some days; it was this morning 97½°, therefore less than normal. This is not uncommon in typhoid fever; the temperature is apt to go down below normal for a few days after convalescence

fairly begins. His tongue is now moist, slightly coated; his stomach is in good condition; he has no diarrhœa. But what about the other viscera? and do we find any explanation in their condition that will serve to throw some light upon this peculiarity of the pulse throughout? Let us now examine his chest. In listening to his heart now (and I detected it also in the ward) I find a most marked systolic murmur. It is harsh and well defined toward the apex, but becomes less marked toward the right base. It is associated with a sharp second sound; therefore there is something wrong with the heart.

We have here a nice point for diagnosis: Are these physical signs of heart difficulty the results of the fever process, or do they exist independently of it? Let us for a moment speak of the state of the heart in fevers. In typhoid fever, indeed, we may say in all low fevers, but pre-eminently in typhoid, you will have a murmur in the heart, due to an altered condition of the blood, aided, most probably, by a softened, flabby state of the ventricles.

The question now comes before us—are we dealing here with a murmur produced by an altered condition of the blood, favored by deficient muscular force in the ventricles, a blood murmur, or is it organic? a very important question, in view of its bearing upon the prognosis.

Now, I maintain that this murmur does not belong to the fever process in the present case, and I do it for the following reasons. The murmur was perceived on the very day of admission, and therefore within the first week of the fever. That is one point. The second is, this murmur is harsh and rough in character, and there is associated with it a most marked second sound. Finally, it is very strictly limited to the apex.

Now, gentlemen, this is not the history, it is not the sequence, of the murmurs that we occasionally perceive in the heart in typhoid fever, in truth, that we often perceive in such cases. They come on late in the disease, at any rate, not in the first few days; they are soft and blowing in character; this one is rough; and they are not associated with a distinct second sound at the base; this one is thus associated. Moreover, they are not so strictly limited to the apex as this one is limited. Therefore, I believe that it is an organic murmur, due to preceding heart disease, and the murmur has not been produced by the fever process.

Lastly, we get some confirmation from the results of percussion. The area of dullness in the cardiac region is large. This indicates that the heart has increased in size, which could not happen from a recent lesion. Therefore, I conclude that my opinion is sustained by the physical examination. This is a point of importance in the diagnosis, and also of importance in the treatment.

Now, to return to the early symptoms: I call your attention again to the state of the pulse, not explained by the fever, but satisfactorily explained by the fact that he had a mitral difficulty antedating the typhoid fever. It is this question that I would for a moment consider. What influence does the co-existence of heart disease exert upon the symptoms of typhoid fever? I will tell you my own experience in regard to the action of a diseased heart in typhoid fever, where it does not arise from the fever process. My observation has taught me that the pulse in a case of fatty heart, or an enlarged heart, in typhoid fever, does not rise in comparison with the fever process. I will give you this as a general rule, to which there may be exceptions, *Where the heart is diseased its pulsations do not rise in accordance with the fever process.* A case of marked febrile condition, with a comparatively slow pulse, almost leads me to look for disease of the heart, and not infrequently I have found it.

Now, this involves the question of prognosis. If this had been a blood murmur, by the use of tonics, including iron, and good food, we might hope to restore him to perfect health, and remove all trace of disturbed circulation. I would expect him to recover from the fever heart; but this organic disease will remain after convalescence.

In this case we have discussed an exceedingly interesting complication, which may have some bearing upon treatment and prognosis. In the next patient I will show you a case where there is a relapse, that may give you some important hints upon the occurrence of relapses in typhoid fever.

Relapse in Typhoid Fever.

G. B., 22 years old, occupying bed 13 in the men's medical ward, is a German, and it has been exceedingly difficult to obtain a clear account of him before coming into the hospital, or even the length of time he had been sick. He walked to the hospital—please notice this—although evidently a very ill man; proved, not only by the mental condition, but by the thermometer, which gave a temperature of 104° in the axilla. His pulse was 120, his muscles generally were tremulous, and he was very restless. His abdomen was tympanitic, and a few rose-colored spots were seen scattered upon the surface of the lower part of the chest and abdomen. There was also a soft systolic murmur at the base of the heart, which left us in no doubt upon two points in connection with the disease, that we were dealing with an inorganic murmur, and that the disease had existed for some time; for he must have been well into the second week of typhoid fever in order to have had the characteristic eruption, and to have had a blood murmur.

He remained in the ward, with some muttering delirium, with a temperature not much exceeding 103° in the evening, and the ordinary morning remission of a degree or more, with some epistaxis, but without much peculiarity in the march of the malady. He was treated in much the usual manner of our typhoid fever patients; with liquid food, nitro-muriatic acid (five drops every three hours) and occasionally, when the tongue appeared dry and brown, a turpentine mixture. From day to day he was carefully watched, sponging the surface when the bodily temperature was high, and keeping the discharges within bounds by the occasional use of an opium suppository; the case progressed towards a very favorable condition. On the 18th of the month (October) his temperature in the morning was down to 99°, in the evening it rose to, but did not exceed, 100°; in the morning it was again 99°, and the next morning 97°, therefore less than normal; the same evening it rose to 98°. The

next morning (October 21st) it was 97° again: the second morning of less than normal temperature; his fever had gone, his mind was clear, appetite returning, no diarrhœa, and was evidently convalescing. Now, gentlemen, notice this (showing temperature chart): the temperature shoots up on the 21st from less than the normal to 100°. True, it goes back on the following morning, but in the evening it rises once more, standing at 102°, and after that it remains a fever temperature, with evening exacerbations and morning remissions, returning thus after an apparently entire remission of the fever. Simultaneously with this we have a fresh eruption of the rose-colored spots, readily disappearing on pressure; this morning they are paler, and are evidently fading. Thus the case went on, with the evening exacerbation and morning remissions, until the second of November, since when the temperature has again resumed its normal condition. He has one large liquid stool in the day. During this relapse the stools did not increase in frequency. The resident, Dr. Wetherill, says that during this interval of comparative health the stools were much more consistent and nearly normal; afterwards the discharges became more liquid again. He does not remember whether the spots had entirely disappeared or not, but they have certainly reappeared.

The patient is now convalescent. The tongue is moist, though somewhat pale and coated; his pulse is 76. Once more the temperature has fallen; it was 97½° this morning, as indeed it was also on yesterday morning. The relapse has passed away; but has it left any evidence? Look at his nails. Those of you who are sufficiently near to see can distinguish a very characteristic ridge on the nail, which is the sign of his first attack, and which enables us to fix approximately the duration of his illness. In the course of a week or two, as the nail grows, we will be able to distinguish another transverse ridge, corresponding to the period of impaired nutrition accompanying his relapse.

Now, as regards the present condition of his heart: A very soft—not harsh, as in the preceding case, but a soft—murmur, most distinct at the left base, still exists here, but it is a blood murmur.

I want to point out in this case some peculiarities of this relapse, though I do not know that they could be called peculiarities of this relapse with so much propriety as they might be called peculiarities of any case of relapse in typhoid fever. This case shows, what? A sudden return of the fever, as determined by the thermometer, the chart presenting a zigzag tracing, with evening rise and morning decline. Is this the rule? Yes, it is. In typhoid fever relapse you have a sudden bound of the fever; it is not gradual, as in the primary attack, but it bounds into activity, at once, to a marked fever temperature. It remains at this height only for a few days, then come more marked morning remissions, with less decided evening exacerbations than we observe in the lysis of the original attack, which is beautifully shown by this temperature chart. I knew that this was a case of typhoid fever relapse before I examined the case, as I was convinced that nothing else would give this peculiar temperature record. We have also a recurrence of the eruption, a recurrence of the diarrhœa, and a recurrence of some of the nervous symptoms, for there was great tremulousness during the relapse. All these are symptoms characteristic of relapse. Lastly, it is to be noted that the spleen remained enlarged. I did not see the case at first, but observe, as a rule, that when the enlarged spleen has gone down, it swells up again in a relapse; and a very astute observer and clinical authority says that one of the indications of an impending relapse is that the spleen continues large, and that we may know that a relapse will take place, from the persistent enlargement of the spleen.

There remains nothing more to remark in connection with this case than its treatment during the relapse, which was essentially the same as the original attack. He had mineral acids and turpentine in moderate doses, and enough opium to keep the bowels under control. Quinine was given, for its tonic effect; he is only taking eight grains at present, in the twenty-four hours. We will now suspend the acid and turpentine, and will give him in place the tincture of the chloride of iron with muriatic acid.

℞. Tinc. ferri chloridi, gtts.xx
Acid. muriatici dilut., gtts.v
Syr. limonis, q.s. ad ℥j M.

Sig.—To be given, well diluted, four times daily.

We will still keep him on a liquid diet. He has been taking four ounces of wine during the relapse, which he shall continue. As yet—except it be with great care, a few stewed oysters from day to day, or a little milk toast—we will give him no solid food for the present. The iron is given with a view to its effect upon the blood, the muriatic acid, in small amount, for the febrile condition and its local influence upon the stomach. The tonic dose of quinine shall also be continued.

Death from Intracranial Hemorrhage. Autopsy. Remarks upon the Pathology of Apoplexy.

With the aid of Dr. Longstreth, the pathologist of the hospital, I will next show you a very interesting and instructive post-mortem. I had hoped to show you the patient, instead of the morbid specimen, but it was decreed otherwise. We have here exhibited to you the brain from a case of overwhelming recent apoplexy, which had been in the hospital only two days. Yet we had seen it long enough to make a diagnosis, and to do the best we could for the man, but it was evident that the pressure upon the brain was so great, from a very large extravasation, that nothing could avail for his relief.

I will first read the clinical history of the case, and will then show you what you will rarely have the opportunity of seeing—a very large recent apoplectic clot.

His name was John G., aged 67 years. His mother died of apoplexy. Patient was very temperate, and there were no previous attacks of convulsions, nor of palsy. He had considerable domestic trouble, and all the time, with this anxiety upon his mind, he had to work hard, to make both ends meet; therefore, work and worry

combined to depress him. Of his history other than this we know nothing; it was negative, for it was merely stated that he had been in good health, with the single exception of vertigo. His domestic troubles culminated six months ago, by his wife leaving him. He continued to work, alone, depressed, morose, discouraged. On the day preceding admission (November 5th) he was found by the neighbors, lying insensible on the floor, very near to the stove; the stove was red hot, and in falling he had burnt his hand. He was insensible and comatose, with stertorous breathing; the head and neck were deeply congested: pupils contracted; mouth was drawn to one side (the right side), and finally it was noticed that he had left-sided hemiplegia; the whole left side was powerless. He was brought to the hospital in this condition. In the meantime some wet cups had been applied to the back of the neck, and when he was admitted he had so far recovered that he could put his right hand up to his face and mumble out something about headache. It was evident, from external signs, that extreme congestion existed. The temporal vessels were enlarged and tortuous, his pupils were contracted, the head and neck were a deep red color. Subsequently the pupils responded slowly to the light. There was ptosis of the left eyelid; the mouth was drawn; the left arm was, as far as could be ascertained, completely paralyzed as to motion and sensation—at all events, the patient did not seem to feel the pricking of a pin—and when lifted, it dropped powerless to his side (very different from the right arm). The left leg was occasionally moved by the patient, and reflex contractions were obtained on both sides by tickling the feet. The heart sounds were indistinct, the first particularly so; there were no murmurs. The pulse was 100, respirations 20, and the temperature only 98°, upon admission.

Now the man remained in this condition, notwithstanding all our active efforts to relieve the pressure upon his brain. We had more blood removed from the head, by leeches, but it made no change in his condition, nor did it even influence the pupils. In truth, he remained in very much the same condition, except we notice this, that he becomes delirious; he begins to pick at the bedclothes; and the temperature rises to 101°

He had the customary treatment, a blister to the back of the neck; when the heart was seen to be failing, it was temporarily relieved by hypodermic injections of digitalis. Ice had also been applied to the crown of the head, and stimulating foot baths employed; the bowels were freely moved by croton oil.

He died rather suddenly, last evening. His breathing became shorter and shorter, with a manifest delirium all day yesterday. The left leg was noticed to be moved, but the left arm not at all.

Now, you have heard the points of the history of the case. Dr. Longstreth has made the examination, and will explain it to you. Here you see the enormous fresh clot which has broken into the right hemisphere, lacerating the brain substance: but you shall hear the pathologist, who will now present his

REPORT OF THE AUTOPSY.

"In the anterior part of the right hemisphere a large extravasation is seen, which has broken into the brain substance at the anterior part of the corpus striatum on the right side, and has penetrated into the ventricles, filling the lateral and third ventricles with blood. All the remaining portions of the ventricles, including the left side of the brain, are filled with bloody serum. The brain, on section, is deeply congested, and blood-colored matter escapes from the cut surface. In looking at the vessels at the base of the brain, to determine the cause of the rupture, we find all the vessels atheromatous; the middle cerebrals, the vertebrals and carotids are all in this pathological condition. Microscopic examination also shows the vessels in this brain in an advanced state of fatty degeneration. There has been no absolute change in the brain substance, beyond that which was produced by the clot; on the other side the brain presents a normal appearance. Here you see the amount of tearing of the brain. It reaches over the entire corpus striatum, and about two-thirds of the optic thalamus, and has followed the fibres of the right crus cerebri. The cavity in the brain, on turning out the clot, is probably large enough to hold a hen's egg. The other part of the right brain is normal, excepting the congestion.

"The heart was fatty, with slight atheromatous changes in the valves, both mitral and aortic, though not sufficient to interfere with their functions. There was general atheroma of the arteries. The liver was somewhat indurated. The kidneys granular, but not extensively diseased. The lungs were congested and œdematous, making them quite heavy; the congestion was most marked on the left side; they were not in bad condition otherwise. Nothing worthy of notice was found in the other viscera."

Now, gentlemen, if you will examine this rare specimen, you will see, what you cannot forget, the characteristic lesion of apoplexy. I can do no more, this morning, than to call your attention to the correspondence between the anatomical seat of the lesion and the clinical features of the case. Want of time will prevent me from dwelling now upon interesting points of diagnosis and treatment, which I must postpone until our next meeting. I may only consider, briefly, the cause of the symptoms, as explained by the autopsy. It was very evident, during life, that we were dealing with a large extravasation. The overwhelming character of the stroke, and the complete paralysis, the contraction of the pupils, the want of action of remedies—for the pressure symptoms continued notwithstanding our active treatment—all showed us that we were dealing with a large clot. Further, it was not difficult to recognize that we had here such a complete motor paralysis of one side, that there must be somewhere a large clot in the corresponding motor area upon the opposite side of the brain. Since this is most generally the corpus striatum, it was not difficult to make the statement that the lesion involved the corpus striatum of the right side. Thus far it was evident, during life, from the peculiar symptoms.

Neither was it difficult to state, from the condi-

tion of the pulse and the heart, that there was an atheromatous condition of the vessels of the brain, which was confirmed by a distinct arcus senilis in the corneæ of both eyes. Thus far we have found nothing that we could not have predicted, and did predict. But, gentlemen, although the position of the clot and the symptoms attending the rupture are perfectly in accord, so that it will be needless to go into them in detail, yet there are some points that I will reserve for discussion at our next lecture. Why was the leg not affected as much as the arm? Did this show that the lesion was not spreading? Did it indicate that the lesion was not a central one, but principally cortical? And also we have yet to consider why the temperature rose, and what influence it had upon the prognosis? These must remain for consideration until we meet again.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY,

DR. EDWARD L. KEYES, PRESIDENT.

Penetrating Wound of Head—Recovery.

Dr. R. E. Van Gieson, of Greenpoint, presented a man who had received a penetrating wound of the head. The case was remarkable in many respects. While engaged in his business, as ship carpenter, he fell, and struck his head on a projecting spike. The head was so firmly held by the spike that it was with difficulty removed. An examination showed that it entered immediately in front of the meatus auditorius externus, and below the zygomatic process of the malar bone. A probe could be passed for over three inches, and the wound admitted the little finger. The spike was four inches in length and one-third of an inch wide. The patient said that he was able to see in both eyes immediately after the injury, but Dr. Van Gieson doubted the truth of the remark, as there was subsequent blindness in the neighboring eye. There were no cerebral symptoms following the injury. Subsequently, an opening formed between the cavity of the nose and the external wound. Dr. St. John Roosa examined the eye on the affected side, and found white atrophy of the disc.

An examination of the patient, aided by the presence of a skull and the spike, showed that the course of the wound was directly inward, at right angles to the plane of the side of the head, and not downward and forward into the antrum, as might have been expected.

Sarcoma of Lung.

Dr. Van Gieson also presented a specimen of sarcoma of lung, with the following history. A man came to him in July, with signs of pulmonary consolidation. He subsequently passed under the care of Dr. Vandewater, of Bay Shore, L. I. He was seen, however, several times, by Dr. Van Gieson, at intervals, and a diagnosis of probable sarcoma of the lung was arrived at.

The prominent symptoms were increasing consolidation at the apex, with swelling of the face and upper extremities. Death took place from exhaustion.

Autopsy.—On making the incision through the skin, a flow of milky juice came from the region of the sterno-clavicular articulation. The whole of the left lung was the seat of a sarcomatous growth, which covered the heart to a depth of about two inches.

Enterolith.

Dr. Chas. A. Leale presented an intestinal calculus, which was taken from a woman, 79 years of age. She had been, at times, the subject of attacks of bilious colic, the last of which occurred on August 20th, 1879. Subsequently she complained of pain in the region of the ilio-cæcal valve, with complete intestinal obstruction. This pain gradually extended along the course of the colon, and finally located itself in the upper part of the rectum. A bimanual examination was made, one hand being in the rectum and the other over the abdomen, when it was discovered that an invagination of the intestine existed at the sigmoid flexure. This was reduced and half a gallon of fæces removed. The obstruction soon returned, and was accompanied by violent tenesmus. The obstruction was again complete, and a week elapsed before the condition of the patient warranted another exploration of the rectum. It was then found that a hardened mass presented through the invaginated intestine at the sigmoid flexure. This was removed, and the patient passed on to recovery. The explanation of the case was that a biliary calculus passed along the small intestines, increasing in size, and eventually became engaged at the ilio-cæcal valve. The peristaltic movements caused invagination at that point, which extended along the colon as far as the sigmoid flexure. The enterolith was the size of the little finger, and was composed of a biliary calculus as a nucleus and concentric layers of stercoraceous matter. At the first examination an attempt was made to reduce the invagination by the injection of air, but without any result.

Sarcoma of Jaw—Death.

Dr. Erskine Mason presented a specimen showing sarcoma of the superior maxilla. A woman, aged twenty-four years, had an abscess of the face, of short duration, which healed two years before she came under observation. After the abscess closed she noticed a node near the cicatrix, which increased in size till she was seen by Dr. Mason. The maxilla was found to be involved in a tumor, which was suspected to be a sarcoma. The eyeball on the affected side was slightly protruded. The most urgent symptom was distressing pain, and to relieve that the whole of the maxilla was extirpated. The wound readily healed. There was relief of pain and improvement of vision of the affected eye. This continued for several months, the patient being apparently well. The tumor returned, however, and when examined it was found to have projected into the mouth. The most important symptom on the return was epistaxis. Extirpation was again practiced, with benefit, the wound healing very kindly. Exhausting hemorrhages occurred with the second return of the tumor, which resulted in death. The autopsy showed that the growth was of the spindle-celled form of sarcoma. It penetrated into the nasal

fossa, the pharynx, the orbit, and through the sphenoid bone into the middle of the skull. At no time were there any cerebral symptoms which might not readily be attributed to the exhaustion.

Lumbo-colotomy—Death after Two Years.

Dr. Joseph W. Howe presented a specimen taken from a woman, aged fifty-eight, who suffered from cancer of the rectum. The obstruction was nearly complete. Lumbo-colotomy was performed with success, the patient living for two years, and eventually dying from exhaustion due to the progress of the disease.

Lumbo-colotomy—Sudden Death after Operation.

A member of the Society reported a case of sudden death, which had occurred after the operation for lumbo-colotomy. He had been called out of the city to perform the operation. After securing the colon, and making the necessary opening, a large amount of faeces escaped from the wound. Collapse occurred, and death in seven hours.

Removal of Parotid Tumor—Death from Cellulitis.

Dr. A. C. Post presented a tumor of the parotid gland, which he had taken from a patient sixty-one years of age. The tumor had been noticed for four months, and caused severe pain; to relieve this the operation was proposed. The mass was situated behind the sterno-cleido-mastoid muscle, and closely adherent to it. Much difficulty was encountered in its removal, and it was requisite to cut several branches of the cervical plexus of nerves. The wound healed by first intention, but in a few days opened, and suppuration occurred, which extended down below the clavicle. The cellulitis was of the gangrenous form. Death took place from exhaustion in eight days.

Abnormality in the Kidneys.

Dr. S. A. Stimson presented a dead-house specimen, which he had found in a woman of seventy-five years, who died of exhaustion. There was no history. One of the kidneys weighed 6¼ ounces. The other was substituted by a mass an inch and a half long. The ureter on the abnormal side ran up for six inches, then terminated in a filiform cord.

NEW YORK ACADEMY OF MEDICINE.

Diseases of Children—Catalepsy—Sarcoma of Dura Mater—Typhoid Fever—Lipoma of Back.

Dr. A. Jacobi read a report of several interesting cases that occurred in his service at Mount Sinai Hospital.

Catalepsy.

A child three years of age entered the hospital, suffering from typhoid fever. During the course of the fever true catalepsy developed. It was first noticed that the eyelids twitched, and subsequently, that when the arms were placed in any position they remained so for several minutes. The legs were less affected. If the arm was extended, it required considerable force to reduce it. There was also anaesthesia and analgesia of the extremities. There was not an entire loss of consciousness, inasmuch as when the patient was spoken to in a loud voice the arms were lowered if elevated.

The child completely recovered after the cessation of the fever.

Sarcoma of Dura Mater.

A child aged 3 years and 9 months entered hospital with a tumor of the scalp. It had notably increased in size during the previous six months. An operation was performed for removal. After cutting through a dense investing membrane and elevating the mass in part from the skull, an opening was found communicating with the cranial cavity. The tumor was found to extend within the skull, and after removing a small portion the operation was completed. Antiseptic dressings were employed, and at different times parts of the skull and tumor were removed. It was then found that the dura mater formed the floor of the tumor. Death occurred from exhaustion. The autopsy showed that the tumor was located without and within the skull, as had been made out at and after the operation.

Lipoma of Back.

A child entered with a tumor in the region of the dorsal vertebrae, the centre of which was in the median line. An operation for removal was performed. Death took place in a month, from exhaustion. Dr. Jacobi said the case was of interest, in connection with a somewhat similar case, and in regard to diagnosis. A child was brought to his clinic at the College of Physicians and Surgeons, with what he considered to be spina bifida. It was subsequently operated on by a physician who had charge of the patient. A lipoma was discovered, and in the removal of the lipoma spina bifida was found situated beneath. The sac was opened during the operation, and the child died next day.

Typhoid Fever.

Many cases of typhoid fever had been treated. Dr. Jacobi said that it was not infrequent for cases of typhoid, in young children, to pass through their course without being detected. If the parents were careless, they would suppose that the sickness was of no special importance, and moreover, the attendant might consider that he was dealing with some of the gastro-intestinal diseases of children, or undefined form of fever. Diarrhœa was not a reliable guide, and in proof of his statement, Dr. Jacobi presented a specimen showing perforation, which had been taken from a young patient that died in his wards, at Bellevue Hospital, of typhoid fever. There was no diarrhœa during the course of the disease.

——The Regulations for the Government of the U. S. Marine Hospital Service form a pamphlet of 145 pages. They set forth in full the nature and objects of the service, the mode of entering it, the duties and responsibilities of officers, and its relation to the marine and quarantine regulations of cities.

Editorial Department.

Periscope.

Myxœdema, or General Mucoid Degeneration.

A singular case was presented by Dr. Dyce Duckworth, before a late meeting of the Clinical Society, of London. It was as follows:—

S. M., aged 34, married for ten years, mother of three children, came to St. Bartholomew's Hospital in November, 1878, complaining of weakness and of failing health for two years previously. She first observed that her eyelids and face swelled; subsequently swelling was noticed generally about the body. Her voice had become altered and thick. A sister who accompanied the patient stated that her manner had become altered, and her temper more sullen and irritable, since her ailment began. Indeed, some of her friends believed, in consequence, that she had become intemperate in her habits. She was a well-grown woman, of large build, but had lost two stone in weight during the previous eighteen months. Her face was of peculiar aspect, and she wore a listless expression. The complexion was waxy, with some clear redness over the malar bones, and there were several moles about the chin and cheeks. The eyelids were puffy and œdematous, having the aspect so common in chronic forms of tubal nephritis. The hands were clumsy-looking and seemingly swollen about the backs, but no dints could be made in them. It was alleged that they felt numb and sleepy at times. There was no appreciable change in common sensibility, and pins could be readily picked up. On examination some general condition of xeroderma was found on the limbs more especially, but no ordinary œdema. The first impression in this case was that there was some form of chronic nephritis present, which would explain both the physiognomical aspect and the obvious swellings. The urine was found to be quite void of albumen, of sp. gr. 1.010, acid in reaction. The heart was natural. The tongue was clean, and protruded naturally. The uvula was observed to be swollen and œdematous-looking. Appetite good; bowels usually constipated. The case was now regarded as one of that peculiar form of disorder described so well, and termed, by Dr. Ord, as "myxœdema," and other like instances of the disease were recalled to memory which had not been satisfactorily diagnosticated. The family history afforded no clue to the nature of the case. The children were healthy, with the exception of the youngest, which was very rickety. The treatment consisted mainly of steel and cod-liver oil. On subsequent examinations the disorder was found to be making progress. The thyroid gland could not be felt, and a fatty cushion was found in the left supra-clavicular fossa. The face became more waxy and puffy, and the voice more slow and snuffling. The urine never was albuminous. The patient's manner was more sullen and reserved, and she was shy and resentful of clinical examination. Dr. Ord saw this case six months ago, and confirmed the opinion formed respecting it. It added one more to a series which have been, and still are, receiving careful study, and about which no doubt as to their true nature can now be entertained. Occurring only, so far as known at present, in the persons of women about middle life, the varying symptoms appear to be due to a gradually-spreading mucoid degeneration of the inter-cellular tissue throughout the body, which thus shuts off full and prompt appreciation of peripheral and other nervous impressions.

A Glycerite of Iron Subsulphate.

Mr. L. E. Sayre, PH.G., observes, in the *American Journal of Pharmacy*, November, that a liquid preparation of Monsel's salt, free from acid or irritating properties, bearing a definite and easily recollected ratio of strength to the salt in question, with a basis of glycerin or some other liquid as capable of permeating tissue, is one of the pharmaceutical wants of the present time. That such a preparation would be appreciated by the medical practitioner needs no argument. To be convinced of this it is only necessary to note the frequency with which preparations of various strengths of the substance in question are prescribed to be compounded extemporaneously.

A glycerite containing fifty per cent., by weight, of the salt furnishes, perhaps, the most convenient form, and furthermore, one which possesses qualities which render such a standard of strength most desirable.

The process adopted for its manufacture consists in first preparing a solution of the subsulphate, following the directions of the Pharmacopœia for the solution; this is evaporated in a tared capsule, at a moderate temperature, until a thick viscid liquid is obtained; this is then diluted with a sufficient quantity of glycerin to produce a solution of the above percentage. In order to use this process the quantity of dry subsulphate of iron in the officinal solution must be known. By careful experiment it has been found to contain 47 per cent. The use of weight instead of measure, in the formula, is suggested by the writer as being easier and apt to secure more accurate manipulation.

The following process is recommended, the finished glycerite measuring about twelve fluid ounces, the quantity directed by the U. S. Pharmacopœia for the solution:—

Take of liquor ferri subsulphatis 6.127 grains, evaporate to 3.963 grains, continue the heat and add glycerin sufficient to make the weight, 5.760 grains.

This furnishes the easily recollected percentage of dry salt, half its weight being Monsel's salt, each fluid drachm representing about 50 grains of subsulphate of iron—in exact figures 51.08 grains.

It can readily be diluted to any extent without destroying its transparency, either by water or glycerin, and in this respect furnishes, for com-

pounding, an article much superior to the dry salt of commerce. Its viscidity renders it of that plastic character so very advantageous where the application is intended to remain upon the surface of the affected part, and in addition to the styptic effect of the iron salt, the glycerin exercises its emollient properties in many ways, and particularly in preventing the formation of the irritating clots and crusts peculiar to the salt itself or its solution.

How to Test Chloroform.

The chemist, Regnauld, gives these directions for testing chloroform: Pour some of it on bibulous paper folded several times, and when nearly all evaporated, observe the odor. Pure chloroform retains its mild, pleasant smell to the very last, leaving the paper dry and odorless; whereas an impure article emits a disagreeable odor, partly nauseating, partly acrid, while the paper remains somewhat moist. Chloroform of this latter description must be rejected for inhaling. 2. Free hydrochloric acid is indicated by turbidity caused by silver nitrate, or when litmus paper is turned red. But in the presence of uncombined chlorine the test paper becomes decolorized. 3. Into a test tube place some potassium hydrate and a few drops of water. Then add one or two ccm. of chloroform and heat to ebullition. A yellow or brown coloration indicates aldehyde. 4. Shake together, in a test tube, equal volumes of chloroform and colorless concentrated sulphuric acid, and allow the liquids to separate. They should remain colorless. If they assume a brown or brownish-red hue, chlorinated derivatives of propylic, butylic and amylic alcohols are probably present. 5. The boiling point of pure chloroform is 60.8° C., at a barometric pressure of 0.760. When the liquid boils below this point, sulphuric ether is present; and if later on it exceeds the point, it is contaminated with other chlorine compounds. 6. C. Remy has recently fixed the specific gravity of pure chloroform at 1.500 at 15° C.

Herpes from Syphilitic Infection.

A case of this nature was brought before Mr. Hutchinson, at the London Hospital, last month. In speaking of it, he said:

On examining the eruption closely, it was seen that in some places there were distinct and prominent scabs; the eruption here had evidently taken an ulcerative action, and approached in some little degree to the characters of rupia. The skin where the eruption had departed was of a dusky red color, and presented here and there a faintly depressed scar, showing that there had been a loss of tissue. It was ascertained the man had had undoubted syphilis; in fact, he had a large periosteal node on the forehead at the moment. On this account, but still more from certain peculiarities of the eruption itself, Mr. Hutchinson said he was of opinion that this was a case of syphilitic herpes, and as such a very rare affection.

"Herpes," Mr. Hutchison went on to say, "is, as is well known, a skin disease of nerve origin. It is produced through some particular nerve influence, and having regard, therefore, to its origin, we must consider the present case, not as an example of common herpes, occurring in a syphilitic patient, and so, possibly, somewhat modified by that disorder, but as a case where the poison of syphilis has caused such nerve change as to bring about this eruption. The action of syphilis in this case is through the nervous system, and the eruption must be considered as an expression of some syphilitic disturbance of nerve. Thus we see syphilis as an imitator of typical skin eruptions, and as I have often stated, it rarely, very rarely, imitates herpes. I consider this eruption to be the syphilitic form of herpes on the following grounds: The man is syphilitic. The skin disease persists—it has persisted for nine months, with a recurrence of eruption during that time, whereas common herpes tends to spontaneous cure, as do all skin affections that have their origin in the nervous system. It is most rare, too, for common shingles to persist for so long a period as nine months. It is true that it is sometimes very tardy in its disappearance, but, I think, never to such a degree as obtains in this instance. The scar left here and there by the clearing up of the eruption is depressed, distinct, and of a dusky-red color. The eruption is, at places, almost rupial. Finally, there is one feature about the case that makes it, as a case of syphilitic herpes, very peculiar. Syphilitic herpes is nearly always symmetrical on both sides of the body, but in the present instance the eruption appeared on one side only, the right chest being perfectly intact. The case, therefore, must be regarded as extremely unusual."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. J. Henna, in a reprint sent us, reports a typical case of true spasmodic stricture of the œsophagus.

——The "Chemists' and Druggists' Diary for 1880," issued by the English periodical of like name, is full of points for the apothecary in this country as well as that.

——Practical instructions to the public on the limitation and prevention of diphtheria have been written by Dr. R. L. Payne, of the North Carolina Board of Health. Their dissemination is needed, and will be beneficial.

——Dr. P. D. Keyser, in a reprint before us, reports the results of an examination of railroad men for color blindness. He does not think the fuchsin disks alleged to correct this defect can be successfully used for railroad employees.

——Those surgeons interested in radical operations for the cure of hernia should write to Dr. Henry O. Marcy, Cambridge, Mass., for a copy

of his paper on the antiseptic use of the carbolized catgut ligature in this operation.

——Among recently published cases of interest, two of excision of the rectum, and eight of uterine fibroids, by Dr. A. Van Derveer, of Albany, New York, merit mention. Reprints describing them may be had by addressing him.

——Under the title "Contributions to the Physiology and Pathology of the Nervous System, Part I." Dr. Isaac Ott, of Easton, Pa., has a neat pamphlet, giving his observations on the spinal cord, the optic thalami, corpora quadrigemina and hypnotism. His studies have been thorough, and his results noteworthy. For copies address the author.

——The Chicago *Medical Gazette*, edited by Dr. E. B. Dudley, has appeared in a first number, for January. It is to be a monthly, and promises well so far as contents are concerned, but in the technical matter of typographical display the editor or printer, or whoever took charge of that branch, might easily have done better.

——A prettily printed, well prepared, and to the historian, interesting book, entitled, "Early Medical Chicago," appears from the pen of Dr. James Nevin Hyde (Fergus Printing Co., Chicago, pp. 78). It gives a historical sketch of the first practitioners of medicine, with the present faculties and graduates of the medical colleges. There are engravings on steel of several of the notable ones, pictures of the colleges, and a well written historical sketch of the early times.

——Dr. W. H. Geddings, of Aiken, South Carolina, forwards a report of 31 cases of phthisis treated at that health resort during the season 1878–79. They were all under his care more than a month. 19 out of the 31 more or less improved; 4 seemed to be quite restored; 5 were stationary; 8 grew worse. He advises invalids to visit Aiken early in the winter, as after the warm weather of spring begins patients do not do so well there.

——A chart has been sent us, entitled, "A Guide to the Diagnosis of Cardiac Diseases." The title claims too much, as there are a number of diseases not considered, as functional and various acute heart affections; important facts are omitted, as the changes in the shape and size of the chest; and there is an absence of differential notations, as, for instance, the murmurs due to endocardial roughness, and to some inorganic causes. It must be pronounced an incomplete exhibition of the subject.

——The first fasciculus of the Atlas of Anatomy, published by A. E. Wilde & Co., of Cincinnati, under the editorship of Dr. J. A. Jeançon, who supplies the explanatory texts, has appeared. It is from the plates of Œsterreicher and Erdl, and the impressions are of such size and so well displayed, that they will not fail to prove of great service, either to the student or to the practitioner who wishes to keep his anatomical knowledge fresh in his mind—which every practitioner ought to do, and the small minority actually accomplish. By means of a postal card to the publishers, a circular with full particulars of the publication may be had.

——Prof. Wm. T. Harris, L.L.D., of St. Louis, has, in a recent lecture, cogently advocated the training of the young in the "dead languages." We call attention to his admirable presentation of the subject—which may be had in pamphlet form by addressing him—as so entirely consonant in spirit with those great masters of physical science, Baron Von Liebig and Prof. Virchow, whose opinions we recently quoted (see REPORTER, vol. xli, page 434). The same subject is ably presented by Dr. Lewis A. Steiner, in his address as President of the Academy of Medicine, at its last meeting. His words are worth reading, and a copy of his address can, doubtless, be had of the author, at Frederick, Maryland.

——We thank Senator A. T. Goodwin, of New York, for a copy of his Report on Lunatic Asylums, which he presented to the New York Senate, in answer, so to speak, to the Hammond-Seguin memorial, praying that the asylums be investigated. We have read the report attentively, and must say, as an unbiased reader, that the Senator and his committee drew freely from the arts of the forum to render the appointment of such a committee impossible and absurd. Meanwhile, Dr. Seguin, in the *Archives of Medicine*, is heaping up proof that it was urgently needed. As for the gentlemen who signed the petition, and when they found it was unpopular in certain quarters tried to deny or explain away their action, their position is singularly pitiable.

——In June, 1879, the District Medical Society for the County of Burlington held its semi-centennial anniversary. A pamphlet of 34 pages, containing addresses by Drs. R. H. Page, Joseph Parrish and others, and a neat photograph of Dr. Charles Ellis, celebrates the occasion. We quote from it one paragraph of interest to the historian of medical periodical literature:—

"In 1848 the *New Jersey Medical Reporter* was originated and conducted by one of our members, as the first effort at medical journalism in the State. It soon came into favorable notice. its subscription list increased rapidly, and on the recommendation of this Society the State Medical Society adopted it as a medium for publishing its transactions, and as endorsement of its authority furnished the imprint of its seal for the title page. As you know, the journal is still in existence, under a modified title, being published in Philadelphia, and is reported to have as large a circulation as any medical journal on the continent."

BOOK NOTICES.

Transactions of the Medical Society of the State of Pennsylvania, for 1879. pp. 520-999.

Transactions of the Illinois State Medical Society, for 1879. pp. 302.

Transactions of the Mississippi State Medical Association, for 1879. pp. 209.

Some uniformity in the official names of State medical societies, as well as in their manner of publishing and paging their proceedings, could be wished. The publication of county reports is only attempted by the Pennsylvania State Society, though under a report on Practical Medicine something like it is offered by Dr. George W. Jones, in the Illinois Transactions.

Besides the county reports, several of which are quite complete, the Pennsylvania volume has a number of papers on medical and surgical questions, to which we have referred in our report of the meeting, at the time it took place. Papers on sanitary and medico-legal matters occupy considerable space in the volume from Illinois, and what the writers say deserves to be perused attentively by students of those branches, as all physicians ought to be of the first, and often unwillingly have to be of the second. The principal topics of the scientific papers in the Mississippi volume relate to yellow and malarial fevers, and local springs and remedies; about a hundred pages are filled with the papers read before the meeting.

The Pathology and Treatment of Venereal Diseases. By Freeman J. Bumstead, M.D. Fourth edition, enlarged and revised by the author and by Robert W. Taylor, A.M., M.D., etc. Philadelphia, H. C. Lea, 1879.

But a few weeks ago we chronicled the death of the author of this standard treatise, at a comparatively early age. His experience in the specialty with which he was principally concerned was extensive, and his work has the great merit of presenting, in a remarkably clear and well-arranged manner, the results of his reading and observation. It is true that he still maintains theories now not nearly so prevalent as they were a score of years ago—the duality of the syphilitic virus, for example—but this apart, his text is an excellent guide for the practical physician.

The book is divided into three parts, treating respectively of gonorrhœa, the chancroid and syphilis, the last mentioned occupying about one-half of the whole 820 pages. As he remarks in the preface, the recent contributions to the literature of these subjects have been extremely numerous and important, so much so that, as a specialty, it has become subdivided into a series of minor specialties, each of which has literature enough to occupy a good share of one's time in its perusal. From this mass of matter to present a succinct epitome was no little labor, and obliged a considerable increase in the contents of the volume. It has been done, and well done, and those who would find the list of recent syphilology in a form at once compact, will do well to possess themselves of a copy of this fourth edition.

Paracentesis of the Pericardium. A Consideration of the Surgical Treatment of Pericardial Effusions. By John B. Roberts, A.M., M.D., etc. With illustrations. Philadelphia, J. B. Lippincott & Co., 1880. pp. 100. Price $1.25.

In this monograph, Dr. Roberts begins by distinguishing pericardial effusion *post-mortem* from that which has taken place during life. The causes of the latter and the character and quantity of the fluid effused are then set forth. The symptoms, signs, diagnosis and general treatment having been rapidly but clearly expressed, he gives his principal attention to the operations for the removal of the fluid, the points of preference for the puncture, the dangers surrounding the operation, their avoidance and the treatment of complications. The volume ends with a table of cases and their results. His conclusion is that where there has not been other serious disease complicating the effusion, the mortality has been not quite 25 per cent., which is a very fair showing. The monograph is one we can heartily commend, both in the thoroughness of study the author evinces, and in the fairness of his discussion of debated points.

THE

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D. G. BRINTON, M.D., EDITOR.

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A RETROSPECT OF 1879.

With this number we extend to all readers and subscribers the greetings and good wishes which an honored custom dictates. And while thus we look to the future, we would not let the opportunity pass to recall for a few minutes what the year just closed has enabled us to lay before them in the way of original research and new light on the subjects to which this journal is devoted. While giving a rapid retrospect of the most prominent contributions to our pages, we do not pretend to mention all, and must leave a number worthy of remark to be looked for by the careful reader himself.

In the branch of general, State and preventive medicine, we need hardly recall the ingenious and beautiful description of *Salutland*, which was so lately sent us by Dr. B. W. RICHARDSON, of London. As a contrast to that, may be mentioned the curious observations of Dr. W. J. HOFFMAN, on the practice of medicine and surgery by the aboriginal races of the southwestern United States (Feb. 22d). Connected with the general subjects of prophylaxis and sanitation, the study of family hereditary taints, by Dr. SAMUEL PETERS (Aug. 30th), is full of information, and the project of sub-earth ventilation, as explained by Mr. J. WILKINSON, C.E., merits close reading. The germ theory and disease germs are discussed intelligently by Dr. C. T. REBER (July 26th), and in the articles by Dr. P. J. FARNSWORTH, on meteorology and epidemics (April 19th), and by Dr. J. J. FLY, on the relations of telluric and meteorological conditions to the production of malarial fevers (Nov. 8th), we have the observations of careful observers presented in a lucid manner. For the general subject of the statistical study of disease and death in their relation to metorological and cosmical changes, certainly no articles have appeared in the medical journals of either continent more solidly instructive than a series given in the REPORTER, from the pen of Dr. T. S. SOZINSKEY, PH.D., of this city. They embrace investigations into premature human mortality, (Jan. 25th), sex and the causes of mortality, (March 15th), season and the mortality of either sex (April 26th), the relations of age and the seasonal death rate (August 9th), and on atmospheric therapeutics (Sept. 27th). These articles are based on a conscientious study of reliable vital statistics, and should be read in connection with each other, in order to catch the full significance of the written analyses.

Passing to the domain of practical medicine, the articles by Dr. FRANK WOODBURY, on idiopathic erysipelas (April 5) and on cholera infantum, with special reference to its causation (Aug. 30), distinguish themselves by the evidence of wide research they present. The latter disease is also ably presented in some of its forms by Dr. H. R. BIGELOW (Nov. 1), and is touched upon by Dr. VIRGIL O. HARDIN, in a communication on the artificial foods for infants now in vogue (Oct. 25). The digestive organs and their diseases have, in fact, received attention from a number of writers. The lectures in experimental physiology, with special reference to that of the digestive system, by Dr. ROBERT MEADE SMITH, were commenced last winter and have been inserted

from time to time with ample original illustrations. Nor will the reader forget Dr. J. M. Keating's paper on flatulence as a symptom of dyspepsia (Oct. 18), and that of Dr. J. T. Eskridge, on functional disorders in digestion physiologically and clinically considered (June 14). The notes of Dr. J. A. Henning, on the appearance of the tongue in disease (Aug. 2), have been extensively copied in this and foreign countries, and the cases of hepatic abscess reported by Dr. W. H. Curtiss have been also widely quoted as supporting the views advanced by Dr. W. A. Hammond on this debated subject. The important topic of relapse in typhoid fever was ably discussed by Dr. William Pepper (Nov. 1); and on scarlet fever there appeared a suggestive article on its treatment and prophylaxis, by a new method, by Dr. J. R. Black (March 8); on the value of inunction as a plan of treatment and prophylaxis, by Dr. J. R. Walker (Aug. 23); and a description of a local epidemic, by Dr. L. N. Davis (July 12). Its equally dreaded associate, diphtheria, has received repeated attention from contributors, notably by Dr. J. L. Hill. (May 10), and others. Yellow fever has been presented by an expert, in the person of Dr. Greensville Dowell (Aug. 16), and by a close observer, in Dr. Frederick Horner (March 29).

The field of diseases of the nervous system has been cultivated by Dr. Hugo Engel, in some novel observations on metalloscopy and metallotherapy (March 29), by Dr. W. O. Stillman, in a thorough discussion of neurasthenia (May 10), and by Dr. T. D. Crothers, who, in his excellent studies of inebriety (January 25, July 19 and September 27), vindicates for this vice, as it is sometimes called, a position among the true neuroses.

The investigation into the properties of new remedies and novel preparations has always been favored by the Reporter, and within the last year, besides the ample quotations from other authorities, we have been able to present original articles on asparagin, by Dr. Mary J. Matlack; on euonymus purpureus, by Dr. J. R. Black; on yerba santa, by Dr. J. C. Wilson; on belladonna in children's diseases, by Dr. C. H. Hall; on morphia in its hypodermic uses, by Dr. D. M. Baar, and others. In the subject of toxicology, the papers by Mr. J. Palmer, on mushroom poisoning, by Dr. L. J. Alexander, on nicotine amaurosis, and by Dr. John Morris on ergot in its medico-legal relations, contain striking observations.

Surgery has been diligently cultivated. The articles of Dr. Reuben A. Vance on lithotrity and inversion of the bladder (April, February), have justly excited wide comment. Those by Dr. J. S. Wight on fracture of the leg (May 31), and on the fractured skull of a suicide, are models of close observation. Dr. G. H. Boyland's suggestions for the antiseptic treatment of wounds (July 26), and those of Dr. H. L. Getz for the treatment of amputations where suppuration of the flaps has occurred (August 2), can both be read with profit. Diseases of the eye and ear have been represented by Dr. P. D. Keyser, in a paper on eye affections resulting from reflex irritation (March 8), by Dr. Max Landesberg on the therapeutic uses of duboisia in eye diseases (November 29), by Dr. C. S. Turnbull on diseases of the middle ear (August 23), and by Dr. L. Turnbull on aural therapeutics (Aug. 2).

The relief of hernia has been presented in several forms, as by tearing or stretching the abdominal rings, as advocated by Dr. J. W. Young (Oct. 18), by injection, as referred to in an article by Dr. J. H. Warren (Dec. 13), and by a new enterotome and plastic operation, as described by Dr. Wm. A. Byrd.

Other surgical papers requiring mention are one by Dr. R. S. Sutton, on the treatment of anal fissure (June 7); on the physiological cure of hemorrhoids (Feb. 15), by Dr. J. T. Everett: on chloral in traumatic tetanus, by Dr. William Read (March 1); on the treatment of spinal disease, by Dr. E. H. Coover (Oct. 11); on galvanism in the treatment of stricture and gleet, by Dr. O. E. Herrick, etc.

In obstetrics and gynecology, the "Thoughts on Midwifery," from the pen of the veteran Dr. Hiram Corson, published early in the year, ex-

cited much comment. The topic of puerperal metritis was discussed by Dr. E. E. Montgomery (July 12); a case of extra-uterine fœtation, with unusual features, was reported by Dr. Geo. E. Fundenberg (March 22). A successful case of ovariotomy was related by Dr. A. R. Smart (May 24); a case of molar pregnancy, by Dr. O. E. Herrick (Sept. 13), and a number of other reports, might be specified.

We have left ourselves no room to refer to Dr. A. Von Mansfelde's interesting theory of sex production (Nov. 15), nor to a number of other articles we had marked as worthy of special reference. But those already enumerated will certainly be sufficient to show how diversified is the field we cover, and how rich in information have been the numbers of the past year. For let it be remembered we have not included the departments of correspondence, hospital reports, societies, etc., but merely that of original communications. It shall be our endeavor in the future to serve up a still more bountiful repast to our readers.

Notes and Comments.

Therapeutical Notes.

ROSACEA OF THE FACE.

For a number of years M. Hillairet has practiced a routine treatment of this disease, with excellent success (*Annales de Dermatol.*). Wash the face several times with very warm water, then—

R.	Sulphuris sublim.,	ʒ j	
	Tinct. camphoræ,	ʒ ij–iv	
	Etheris sulphurici,	ʒ j	
	Aquam,	ad ʒ viij.	M.

Bathe the face at night with this and let it dry on. In the morning wash and apply—

R.	Zinci oxidi,	ʒ ss–j
	Unguenti petrolei,	ʒ j.

Improvement begins in a week, but the treatment should be continued several months.

QUININE IN PERNICIOUS INTERMITTENTS.

In a paper by Dr. H. Lite, of Brazil, translated in the Chicago *Medical Journal and Examiner*, that practitioner recommends frictions of quinine ointment over the spine, the groins and the axillæ, and enemata containing it, as well as about 150 grains daily, by the mouth. No doubt but that in malignant intermittents this heroic treatment offers the only hope.

DIPHTHERIA MIXTURE.

Dr. J. D. Frickelton sends to the *Canadian Journal of Medical Science* a combination which he says he has used for twenty years in diphtheria, and "never lost a patient." It does not strike us as very new, but on this statement we quote it:—

R.	Potassii chloratis,	ʒ j
	Acidi hydrochlor, dilut.,	ʒ ij
	Tinct. ferri muriat.,	ʒ iij
	Aquæ, destill.,	ʒ xij.

Dissolve, mix and filter.

Dose, a teaspoonful every three hours, no fluid to be taken within fifteen minutes after. In very severe cases he uses one part tinct. ferri and two parts of the above, to swab the tonsils and throat until the patient can speak. If the fever is very high he adds a few drops tincture aconite to each dose.

Leprosy in the United States.

Referring to our editorial on this disease (Reporter, October 25th), the New York *Medical Journal* remarks, as to the United States, that the danger "is probably a very remote one." A lecture by Dr. James Nevin Hyde, in the December number of the *Chicago Medical Journal and Examiner*, states six leprous patients have been already received in Chicago. It appears, also, that one of them is an instance of hereditary leprosy, the first known in that region (not at all "on American soil", as Dr. Hyde says). As to leprosy in California, Dr. Henry Gibbons says, in the Pacific *Medical and Surgical Journal*, November, 1879: From the settlement of California, thirty years ago, and the immigration of the Chinese at the same period, individual cases have been observed among the latter. But no disposition of the disease to extend itself has been manifested, and it is a question whether a single case of genuine leprosy has been known in a Caucasian subject during that time. Certainly there is no proof that any white person has contracted the disease from a Chinese leper.

On Corneal Transplantation.

In an article in the *Medical Times and Gazette*, Dr. J. R. Wolfe says on this subject he has reached certain conclusions, which may be stated as follows:—

1. The cornea can maintain its vitality and transparency when transplanted from one place to another, but to be successful it must be taken from a freshly enucleated human eye.

2. All the incisions in the cornea must be

clean, as any tearing is likely to lead to suppuration, and the measurements of the graft, etc., must be exact.

3. It must be done in such a manner as not to damage the subjacent structures. This is absolutely impossible if we attempt the transplantation of the whole cornea, because as soon as we remove it the lens and vitreous come out, bleeding follows, and loss of vision is inevitable, even if we secure corneal transparency. But the removal of the whole cornea is not necessary, and the chances of maintaining its vitality decreases in proportion to its extent. Hence, if we aim at the restoration of sight by transplanting a transparent cornea, we must content ourselves with a small corneal graft, removed along with conjunctival bands, which not only assist to keep it in position, but also by their adhesion afford it a chance of preserving its vitality, even if we do not get immediate union between the corneal edges.

He has devised and describes instruments to accomplish these aims.

On Writing and Keeping a Record of Prescriptions.

Some years ago a patient died in New York city from the effects of a dose of medicine. At the inquest the original prescription was produced by the druggist, and it was obviously poisonous. The attending physician swore that he never wrote such a prescription. It was written with a lead pencil, and the name of one ingredient had, on close inspection, plainly been erased and rewritten, or another one substituted. The probable solution was that the druggist, in order to shield a mistake of his own, had, as soon as he discovered it, altered the prescription. Yet the suspicion of gross carelessness clung to the medical man, and could not but interfere with his advancement.

The moral of this true story is that a physician should always write his prescriptions in ink, which he can now do with the utmost convenience, by means of the Mackinnon pen (which we continue to find a most satisfactory invention); or else, keep a copy of every prescription, which he can do with the greatest facility, by means of the Anderson Self-copying Prescription Record.

Many other advantages besides this one of security will be derived from keeping a record of prescriptions; no one can follow the history of a case correctly unless he does so; when a patient wants the same medicine, he is promptly supplied it; the effects of drugs and doses can be studied only thus, etc.

On Fibroid Phthisis.

In a discussion on the early signs of phthisis, at the Medical Society of Kings County, New York, it was observed that the clinical history of this form of the disease, in its early history, is quite characteristic: 1st, It is, as a rule (excepting the primary pleuritic inflammation), a non-febrile affection. It is essentially chronic in character, the general health at first being but little disturbed; and 2d, In a very large proportion of cases (ninety-nine in a hundred) it is a unilateral affection; while tubercular phthisis is almost invariably, sooner or later, bilateral. When it results from pleurisy, which is, perhaps, the most common cause, the physical signs are "soft, tearing, crepitant and sub-crepitant râles, near the ear, often present without any expectoration or cough, and heard in the same place from day to day."

These extra pulmonary râles are frequently mistaken for intra-pulmonary sub-mucous and sub-crepitant râles; they are certainly remarkably similar, and it requires a skillfully-trained ear to separate the one from the other. They may be distinguished, however, by their marked superficial character—they are heard directly beneath the ear; moreover, they are not changed in character or location by the expectoration or coughing of the patient.

Balsamum Antarthriticum Indicum.

A substance with this name has, during the last two or three years, been introduced into Germany, as a very valuable remedy in acute and chronic muscular and articular rheumatism. It is used as an inunction, and greatly aids, according to Dr. Von Hölder, of Stuttgart, the action of salicylic acid. He has also employed it most advantageously in connection with massage in that troublesome complaint, arthritis deformans. His report was contained in the Berlin *Klin. Wochenschrift* (No. 26, 1878); but in the same journal (No. 46, 1878) a pharmacist of Frankfurt, Dr. Hirsch, claimed that this balsam, alleged by Von Hölder to be obtained from a tropical leguminous plant, was, in fact, nothing but an oily product, obtained by distilling the resin of the spruce pine, with, perhaps, some unimportant admixture. Now, however, Dr. Mathes, of Frankfurt, (*Memorabilien*, June, 1879), claims to have proven that the said balsam is a product of the *Eperva falcata*, a tree of French Guiana, and that the observations before referred to, as to its virtue in rheumatism, have been amply verified by numerous and accurate observations of his own.

Some Points about Scarlet Fever.

In a discussion on this disease, at the Richmond Academy of Medicine, reported in the *Virginia Medical Monthly*, Dr. Ross reported good results from the use of sulpho-carbolate of soda to prevent scarlet fever. He used it in eight families, the first and original case being the only one in the respective families to have the disease.

Dr. J. S. Wellford has noticed that in many families where the four or six or more children would have the fever, the nursing baby would escape.

The President, Dr. M. L. James, on the authority of Dr. John G. Skelton, reported two cases of scarlet fever occurring in persons aged respectively 75 and 77 years.

The Doctor also reported that in the last five cases of scarlet fever he had treated, the disease, although occurring in families with large numbers of children, had not extended beyond the first case in each family. He had the houses carefully disinfected, especially by every available means of ventilation, and careful isolation of the patients. He believes the poison of scarlet fever communicable at only short distances.

Hydrofluoric Acid Inhalations in Diphtheria.

Henri Bergeron has read a paper before the Société de Médicine on the above method of treating diphtheria. He has tried it in twenty-four cases, out of which seventeen were severe, and he has had five deaths, four of these being infants. The dose he has found suitable is one gram for each cubic meter which the apartment contains, evaporated in the space of three hours. He claims (1) that the inhalations thus given have never produced injurious results. (2) All who had been submitted to this treatment for forty-eight hours were cured. (3) The false membranes do not persist beyond the fifth day. (4) In no case has he observed paralysis supervene in the soft palate or elsewhere. (5) No case of contagion has occurred among the attendants or the household.

Proprietary Medicines in Germany.

The sale of patent and secret nostrums stands prohibited on the statute books of the German Empire, but the law is a dead letter. The veteran chemist, Prof. Hager, explains the matter thus, in a letter to a friend in Chicago, published in the *Pharmacist and Chemist*, of that city:—

"In Germany the traffic in proprietary medicines is prohibited by law, but continues to flourish in spite of the same, because any person can undertake to heal the sick as long as he refrains from acting as a licensed practitioner; and it is these people who are privately distributing their nostrums, being very seldom brought to account.

"Our laws are framed by the House of Representatives, composed of men who generally know very little of practical life, but who are ever riding principles. Let me instance the so-called Progressive party, of which I was a member myself at one time, which clings to its principles in a manner bordering on lunacy."

Artificial Vanillin and its Properties

That artificial vanillin is not poisonous seems well established by experiments on himself, related by Mr. L. Wolfe, in the *American Journal of Pharmacy*, December, 1879. He took it in grain doses without experiencing any notable effect. He concludes by stating that among the many uses of artificial vanillin in pharmacy, he has found it most serviceable in preparing the "trochisci potassii chloratis" of the Pharmacopœia, which it leaves beautifully white and of a prominent and agreeable taste of vanilla; and he gives this formula for them as employed by him:—

R.	Potassium chlorate,	lbs. iv
	Powdered sugar,	lbs. xvj
	Vanillin,	grs. xv.

Mucilage of acacia *q. s.* to make into a mass, which is to be divided into lozenges of 25 grains each.

Morphia in Pulmonary and Cardiac Disease.

A strong plea for the use of morphia in certain pulmonary and cardiac diseases appears in a Paris paper, from the pen of Dr. Henri Huchard. He believes that this alkaloid is not only a remedy in sudden attacks of asthma with great orthopnœa and but little chronic pulmonary mischief, but it is also of use to alleviate in a very short time an old and organic state of the lung. Great benefit is derived from its employment in cardiac pseudasthma, in uræmic dyspnœa and in the last stage of phthisis. In every case the morphia seems to act by alleviating the cerebral anæmia, and the lesions of the medulla. It plays an important part in the therapeutics of heart disease, as has already been demonstrated by M. Huchard, who sums up his previous results in the statement that morphia is to aortic diseases what digitalis is to mitral affections. The morphia must be administered subcutaneously in dyspnœa, and the injections may

be given without any fear of morphinism. M. Huchard believes that morphia causes respiration, and that this eupnœic action is apart from its narcotic effect. In any case his results are readily verified in everyday practice.

French Views of Syphilis.

A French journal, *L'Année Médicale*, of Caen, has, in its last few issues, had some excellent lectures on syphilis, by Dr. Denis-Dumont, surgeon-in-chief of the Hôtel-Dieu, of that city. In concluding his last one, he says: "These three conclusions contain the result of our study of syphilis—a *unity* of origin of all syphilitic maladies; the *incurability* of the disease, when the immense variety of its effects is considered; and as a logical consequence an indefinite *continuance* of treatment, with occasional interruptions."

These discouraging views, we believe, are those now generally prevalent in France. They are forced upon surgeons by constant discoveries of hitherto unobserved connections of pathological changes with previous syphilitic poisoning; and, probably, those discoveries are by no means complete.

Effects of Forests on Climate.

This interesting subject, closely allied to many sanitary inquiries, is of especial importance in this country, where we have no forest laws.

The meteorological observations of Messrs. Fautrat and Mathieu show that the influence of coniferous trees upon the distribution of rain is twice as great as that of the angiosperms. Pine forests are especially serviceable in the protection of springs and in the prevention of heavy showers and water-spouts. The circulation of air, on account of the differences of temperature above and under the trees, the condensation of vapor, and the cooling influences upon the atmosphere, tend to produce a uniformity of climate similar to that of the seashore.

Relation of the Liver to Pulmonary Disease.

In the New York *Medical Journal*, for December, Dr. Horace Dobell, of London, has an excellent and thoughtful article on the functions and disorders of the liver and their management, in accordance with the results of modern discovery, especially in the relation that organ bears to the lungs and their diseases. Among other important facts he notes iron as a tonic never agrees when liver action is perverted or arrested, and he adds: "The disastrous effects of the ill-judged administration of iron in consumption are, I regret to say, constantly coming before me in practice." The whole article is a thoroughly instructive one.

Correspondence.

Enucleation of the Eye.

Ed. Med. and Surg. Reporter:—

On December 11th, 1879, at 3½ o'clock, P.M., Mr. B., aged 40 (10 miles in the country), received an injury in his right eye, by the explosion and backward discharge of his gun (breech-loader). At 12 o'clock the next day, assisted by his attending physicians, Drs. Ragsdale and Tillery, I enucleated the eye, ether being used anæsthetically. Patient had suffered very greatly by the injury and shock. Pulse before giving the ether beat 56 to the minute; at the completion of the operation it had fallen to 46.

Pathology.—Rupture at inner canthus, involving nearly all of the exposed sclerotic space and one-third of the cornea, also one at the external canthus, smaller and entirely sclerotic in location; also one on the inner portion of the eyeball, about half way from the corneal margin to the entrance of the optic nerve. Only fragmentary remains of the iris to be found. Aqueous humor *non est*; lens entire, but found in the backward portion of the vitreous chamber; retina torn into antero-posterior shreds; choroid lacerated severely; upper and lower eyelids each split for half an inch vertically, near their middle; face greatly disfigured with powder, with slight abrasions of surface (cheek and forehead) in four or five places. No foreign body was found in the eye or in the orbit.

Blank cartridge and tube were found after the operation, on the ground at place of accident, having no blood stains nor indentations; cap not found; bullet, of course, was discharged by the muzzle. Conclusion: injury thought to be the result of violent concussion. The patient speedily recovered.

A. B. Tadlock, M.D.

Knoxville, Tenn.

Chlorate of Potash in Diphtheria.

Ed. Med. and Surg. Reporter:—

In your journal of December 13th I find an article by Dr. Boker, of Adair, Ill., concerning the treatment of diphtheria. The Doctor, in his article, takes exception to the use of chlorate of potassa, *i.e.*, to the amount given the patient; comments upon the dose prescribed by a certain physician who gave an ounce and a half a day.

I simply want to mention my experience in the treatment of diphtheria, in a short period of local practice in the town of Amsterdam, N. Y. I had occasion to treat about eleven hundred cases of diphtheria. At first my treatment was simply directed toward alleviating the irritation of the throat, and controlling the febrile action. The treatment, as adopted, was a saturated solution of chlorate of potassa with muriated tincture of iron, and quinia sulphate in sufficient doses to control the fever.

I found the average temperature of the pa-

tients, on being called to them, was about 103 or 104°; diphtheritic deposit in the fauces; inability to swallow, and marked prostration. Even in children three or four months old I have prescribed the following:—

℞.	Chlorate of potash,		ʒ iij
	Tincture of iron,		ʒ iv
	Water,		
	Glycerine,	āā	ʒ ij.

Sig.—Teaspoonful every fifteen minutes.

and this without producing any evil effect. the only evidence of the long continued administration of this drug being the presence on the body of a red eruption. characteristic of chlorate of potassa. The local application used was simply the ice packing to the throat. This gave very good results. but still I lost some of the cases. I then changed the recipe, and administered in connection with it one drop of dilute nitro-muriatic acid to every teaspoonful of the chlorate of potass. mixture. I found that with this treatment, combined with good care and nourishment, I was able to save about ninety-eight per cent. of my cases. My impression of the matter is this: That great benefit results from the administration of chlorate of potassa, and the chemical alteration it undergoes in the system, producing free oxygen, and in that way purifying the blood. This has been my experience with this dread disease: ninety-eight per cent. of the cases saved with this treatment! Can any one show a treatment calculated to save a larger per cent. of cases? If so, I should be pleased to hear of it through your columns.

Robert J. Cullen, M.D.

Binghamton, N. Y.

Ceanothus Americanus in Diarrhœa.

Ed. Med. and Surg. Reporter:—

In your journal of December 20th is an article on coto bark in the diarrhœa of phthisis. Now, I see no reason why we should resort to foreign productions when we have an abundance of good remedies at home. Such an one you will find in the bark of the root of ceanothus, or Jersey tea. I have used it extensively for the last thirty years, and I have never had it fail me once. It is also a superior remedy in bronchial catarrh and all throat and lung affections; and in aphtha or thrush I have never seen its equal. While in the army, I found it the best remedy for chronic diarrhœa, combined with opium, at night. I make a strong decoction, in an earthen vessel, sweeten it with loaf sugar or honey, and give as a common drink. A weak decoction, made in the same manner, given to infants, makes an excellent remedy in teething diarrhœa.

S. P. Hubbard, M.D.

Taunton, December 22, 1879.

—Bedloe's Island, N. Y. harbor, will probably be the permanent site for the hospital of the United States Marine Hospital Service. The necessary buildings will in no way interfere with the gigantic statue of "Liberty Enlightening the World," which it is proposed also to place there.

News and Miscellany.

Regulations for Lunatic Asylums.

On December 18th a large public meeting was held in New York, to advocate reform in the management of lunatic asylums. Among other speakers Dr. E. C. Seguin argued that the Association of Superintendents of Insane Asylums, had created, as it were, an American asylum system, and this was as bad as its architectural products were huge, extravagantly expensive, and inadequate to the wants of the patients. The speaker thought the system had two fundamental defects: First, the mere accumulation of insane persons together in large companies, and second, the quality of the medical attendance in the asylums was not such as it should be. Blackwell's and Ward's Islands Asylums were characterized by Dr. Seguin as the worst two asylums in the country. Under the second point. the Doctor dwelt upon the bad selection of assistant physicians in the insane asylums. Young physicians, and even medical students, were put in charge of insane patients, without any preparatory experience, and the worst feature of it was that the superintendents of the asylums were frequently chosen from among these assistants. There was no test for promotion. The speaker urged that hospitals should be created for the treatment of acute curable cases of insanity, and that distinct institutions should be supplied for the care of the incurable. After touching briefly upon other needed reforms, he closed by arguing for the establishment of a State Commission on Lunacy.

Improvements in Memphis.

The committee recently appointed to make a sanitary survey of Memphis, including a house-to-house inspection, having completed its work. has presented a report of investigations made, which embodies recommendations to institute a system of sewerage, that the city should take possession of the water works and bayou, have a rigid system of building regulations, tear down infected houses, open and chill others, etc. An expenditure of about $500,000 would probably be required.

New Form of Sphygmograph.

The New York *Times* states that a physician of that city has invented a new sphygmograph. A minute disk of hard rubber firmly fixed to the base of a graduated tube, such as is used in the manufacture of thermometers, forms the essential part of the instrument. At the base, where the rubber diaphragm is adjusted to it, the glass tube is somewhat expanded in diameter, so as to form, with the diaphragm for a floor, a receptacle capable of holding a few minims of water colored with carmine. The remainder of the tube has the internal diameter of that of our ordinary medical thermometer. When the disk of the instrument is placed firmly upon or against the wrist, the vibration of the tissues beneath caused by the artery is communicated to it, and the

colored liquid dances up and down in the tube, registering to the eye of the practiced physician the force and particular description of each wave. Simple as the instrument is, its delicacy and accuracy are marvelous, while there are no adjustments to get out of order, and the merest tyro can apply it successfully.

A Startling Calculation for Sanitarians.

An esteemed correspondent writes us—

"It gave me a good deal of pleasure to read Dr. Richardson's lecture on Salutland, in your journal. I am myself somewhat of a fanatical dreamer in that direction; but statistics always come and throw cold water on my pleasant visions of a Salutland. Suppose the entire earth, with its 1,200,000,000 (is my figure right?) inhabitants, were suddenly, by some miracle, converted into a Salutland, with a death rate of only 8 per 1000. There being then no poverty and no disease, the birth rate would, in all probability, increase; but even limiting the birth rate to 38 per 1000, we should still have an annual increase of population amounting to 30 per 1000, at which rate the population would double itself every 23 years. We should thus have, in

23	years	from	now,	a population of 2,400,000,000
46	"	"	"	4,800,000,000
69	"	"	"	9,600,000,000
92	"	"	"	19,200,000,000
115	"	"	"	38,400,000,000
138	"	"	"	76,800,000,000
161	"	"	"	153,600,000,000

etc., etc., etc., until there would be no more room left."

The National Veterinary and Sanitary Organization.

In view of the enormous loss in animals by preventable diseases, and the disastrous consequences on national prosperity, a committee of the U. S. Veterinary Medical Association, Dr. A. Liautard Chairman, have petitioned Congress to establish a Veterinary Sanitary Bureau, whose duty it shall be to advise Congress as to what measures shall be necessary to control, restrict or eradicate any contagious or infectious disease affecting the domesticated animals.

Also, in view of the urgent necessity for the eradication of the lung plague of cattle from the United States, the restriction of the Texas fever of cattle to those Southern States in which it is already domiciled, and the protection of our flocks and herds against pestilences that may be imported with foreign stock, Congress is further respectfully requested to appropriate a sufficient sum of money to enable the Veterinary Sanitary Organization to deal at once, and effectually, with these three important matters.

Every one at all acquainted with this subject will certainly hope that this petition will be favorably and promptly considered.

—Dr. Robert C. Cone, formerly of Durham, N. Y., late of New York city, died on the 20th inst., aged sixty-nine years. He was a graduate of Yale College and the University of Pennsylvania Medical Department.

Items.

—Three members of a family of the name of Grassman died at Plymouth, Ind., lately, from trichinosis.

—Dr. Fleming, of Middleburg, Pa., on December 18th, presented a bill for medical services to Mr. John Lantz. A dispute about it arising, the Doctor seized a poker and dealt his debtor such a blow with it as to kill him. We always advocated close collections, but this is certainly pushing matters too far.

—A chemist writes to the *Evening Star*, of this city: "I have made many analyses of milk, and am satisfied that there is very little pure milk served in this city. Either the farmer or the dealer skims it and waters it. However, between them the consumer gets it well diluted and minus as much cream as time would allow them to remove."

QUERIES AND REPLIES.

—*Dr. E. C., af Canada.*—Cancer plasters usually contain arsenic or chloride of zinc. Formulas for a number of the most effective will be found in NAPHEY'S *Surgical Therapeutics.*

—*Sigma.*—The *syrupus spinæ cervinæ* of the Ph. Germ. is *syrupus rhamni*, a mild cathartic.

—*Dr. St. J. L., of Va.*—Fee bills are no longer officially adopted by medical societies in this city. The points you suggest will be considered editorially on some future occasion.

—*Occidental.*—There are at least half a dozen medical colleges in the United States which give as thorough education one as the other. We prefer not to specify any particular one.

—*Dr. M., of England*—Any institution which offers you an honorary degree for money is, on the face of the transaction, a worthless humbug. The one in this city you mention is the most notorious and discreditable of all. It has no legal existence.

MARRIAGES.

FERRIS—YALE.—In Philadelphia, December 11th, at the residence of the bride's uncle, H. W. Pitkin, by Rev. Richard Newton, D.D., E. M. Ferris, M.D., of Brookline, Mass., and Marion, daughter of Cyrus Yale, of New York.

TAGGART—DEVINE.—In this city, on November 28th, 1879, by the Rev. James E. Mulholland, William H. Taggart, M.D., and Annie, daughter of the late P. S. Devine.

THOMAS—STECKEL.—On the 18th ultimo, at the residence of the bride's parents, No. 523 Preston St., West Philadelphia, by the Rev. J. Richards Boyle, Pastor of Christ M. E. Church, Ora F. Thomas, M.D., of Chillicothe, Illinois, and Miss Ida B. Steckel, of this city.

DEATHS.

GOULD.—In New York, on Monday, December 15th, 1879, James B. Gould, M.D., formerly of Rome, Italy.

LUDLOW.—At Neshanic, N. J., on the 5th ultimo, Dr. Richard G. Ludlow.

PAUL.—Died, at Belvidere, N. J., on Thursday, December 18th, J. Marshall Paul, M.D., in the eightieth year of his age.

SMILEY.—In this city, on December 17th, 1879, Thomas T. Smiley, M.D., aged eighty-four years.

YOUNG.—Of consumption, Oct. 31st, 1879, at the residence of his sister, in Millersburg, O., Dr. J. D. Young, in the 32d year of his age. The deceased had practiced medicine in Indiana for the past six years.

THE

MEDICAL AND SURGICAL REPORTER.

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Communications.

CASE OF VULVO-VAGINAL THROMBUS; AUTOPSY.

BY E. E. MONTGOMERY, M.D.,

Of Philadelphia.

Mary C., aged 29, native of Ireland, second pregnancy, was delivered in the Philadelphia Hospital, April 29th, after a labor of forty hours' duration. The second stage five hours, vertex presentation, in R. O. P. position. Owing to a change of resident physicians, my attention was not called to the case. After the woman had endured this long labor and was completely exhausted, my colleague, Dr. Walker, in passing through the wards, observed her condition, and advised the immediate application of the forceps; this was done by the resident, and a child delivered, still-born, weighing ten pounds.

Two days subsequent my attention was called to the woman, suffering with symptoms of puerperal peritonitis—high temperature, rapid, wiry pulse, frequent respiration, dorsal decubitus, limbs flexed, tense, tympanitic and tender abdomen, anxious expression, morale poor. Obtaining a history of a prolonged and difficult labor, I made a vaginal examination, finding a peculiar mushy condition, which, however, did not lead me to suspect more than a contused and swollen vagina. She was placed upon opium in large doses, combined with a febrifuge, quinine and nourishing diet, with stimulants, vaginal injections with poultices over the abdomen. She died May 4th, on fifth day after confinement.

Autopsy, twelve hours after death. Abdomen was very tympanitic; lungs and heart normal; peritoneal cavity filled with bloody serum; intestines very much distended; peritoneum injected and glued together with bands of adhesion; uterus was large, 8½ inches long, 6½ inches wide, and 3 inches thick, weighing two pounds; each broad ligament was occupied by a large clot, extending down to the lower part of the vaginal wall. The clot on the right side was the larger, filling up the right half of the pelvis, and by the pressure, had ulcerated through the peritoneum above, giving rise to the bloody serum in its cavity; the clots were softened and broken down; the spleen was softened, and liver fatty.

This case is of interest, from the infrequency of its occurrence; it being the only one of its nature that has occurred during my knowledge of the Philadelphia Hospital, in which time at least one thousand women have been delivered. Johnston and Sinclair, during seven years in the Dublin Lying-in Hospital, report seven cases. Scanzoni met with fifteen, Denery with but three, in fourteen years' practice. Baron Dubois saw but three in fourteen thousand labors.

It may occur during the latter part of gestation, during labor, or after its termination. During pregnancy it is usually due to some local violence. Indeed, it is not confined to pregnancy, since it may also appear in the non-gravid condition, it being then, according to Velpeau, more frequent. It is, however, much less dangerous. The pressure of a gravid uterus upon the veins, producing a varicose condition, would usually be supposed a predisposing cause, but singularly, in the majority of cases of thrombus no such condition has existed. During labor it usually occurs just before the head clears the vulva, and is caused by the obstruction to the circulation.

Hence an excessive size of the head, a contracted pelvis, or delay at the inferior strait, with immoderate efforts on the part of the patient to overcome the resistance, are the most common cause.

Following the labor, the thrombus is the result of injuries received during it; often a vein is ruptured, the pressure of the head preventing hemorrhage until delivery has taken place; or the vein may be temporarily closed by a coagulum. In some it may happen, as supposed by Dubois, that the badly contused and mortified vein does not give way until after the termination of the labor. M. Penet says that the head may produce a sort of sliding of the vagina by its pressure, and produce a detachment of its walls, with rupture of the cellular structures.

Thrombus after labor is the more dangerous, as it is less likely to be discovered. The anatomical seat of the lesion is most frequently the labium, either one or both; in only exceptional cases, however, it occurs in both sides. According to Desart, the most frequent form is when it extends toward the vulva, the vulvo-vaginal; of forty-three cases, sixteen were of this character; in seven it extended toward the abdomen; toward both in three. The infiltration may extend to the surrounding tissues, filling up, as in the case above noted, the pelvic cavity, and in one case recounted by Prof. Elliott (in the *American Journal of Obstetrics*," for November," 1868), it distended the vaginal walls and peritoneum enormously, finally bursting through the left labium. Cazeaux cites a case where it extended upward as high as the umbilicus in front, and to the diaphragm posteriorly. Being always consequent upon a traumatic lesion, it has no prodromic signs. It is usually preceded by a few moments of severe, acute, lancinating pain in the vulva, radiating to the back, loins and down the limbs. Denery asserts that pain is never absent. Dr. Barker, however, has seen a case in which, though the infiltration was extensive, there was no pain. As the blood pours into the labium, a hard, firm tumor is felt, which has sometimes been mistaken for the fœtal head. It develops rapidly, and soon assumes a violet or livid hue; when the blood infiltrates into the cellular tissue the tumor is hard, but becomes soft and fluctuating when the texture is broken. Frequently the skin will give way, and fatal hemorrhage may take place.

A thrombus attaining large size may impede labor. Madame Lachapelle relates a case in which the thrombus, forming after labor, obstructed the flow of the lochia.

This condition has been frequently mistaken for other disorders; the rapid development, pain, hardness when infiltrated, or softness when fluctuating, with bluish discoloration, will readily disclose its nature; when it develops higher it is not so easily diagnosed. In some cases the tumor ruptures the walls, adheres and cicatrizes; in others a fatal hemorrhage follows the rupture. It may terminate by resolution, suppuration or gangrene; but few by the former method. Penet found four out of forty-four terminate in resolution. There is great danger of gangrene when the patient is exposed to the poison of puerperal fever. The prognosis is rather unfavorable; out of 124 cases, collected by various French physicians, 41 proved fatal. Better results are now exhibited since we have become more acquainted with its pathology. Scanzoni lost but one out of fifteen. Barker two from twenty-two. These three were from puerperal fever.

The deaths following thrombus have been ascribed to the following causes: hemorrhage, external and internal, peritonitis, suppuration, gangrene, pyæmia, septicæmia, and puerperal fever.

The treatment differs according to the size of the tumor, the sufferings of the patient and the period of its manifestation. Barker recommends, 1st, when the tumor is small and will not interfere with labor, or, when hemorrhage occurs from the first, filling up the tumor, to apply the forceps at once, and be prepared to check hemorrhage after delivery, by packing the lacerated surface with cotton saturated in perchloride of iron. The tampon, as recommended by some, should not be used, as by damming up the lochia, it would increase the danger of septicæmia. Antiseptics should be freely used in the after treatment. Dewees recommended pyroligneous acid, anticipating our present antiseptic use of carbolic acid. Great care must be observed to avoid detaching the clot, for fear of secondary hemorrhage. The vital forces of the patient must be sustained by quinine, iron, alcohol, and nutritious diet. 2d. If it has acquired sufficient size to form an obstruction to delivery, incise at once, and deliver with the forceps; the longer incision is postponed, the greater the distention and the more the laceration. 3d. If it does not appear until after delivery, incision should not be done as long as it is increasing in size; when a clot has formed, incision will diminish the danger of septicæmia. Cazeaux prefers, unless the symptoms are very urgent, the expectant plan of treatment. Barnes says, leave the tumor several days, then puncture and use the compress.

VAGINAL THROMBUS OCCURRING DURING LABOR, OR SHORTLY AFTER—RECOVERY.

BY A. B. STUART, M.D.,

Of Santa Barbara, Cal.

Friday, 3 P.M., September 5th, 1879, was called to attend the wife of Rev. S. S. F., in labor, primipara, patient aged about twenty-eight years. Found her well advanced in the first stage; cranial presentation; first position. Canal at os dilated sufficiently to admit the end of little finger, and dilatable. Entrance of vagina so small that the index and middle fingers of the right hand, scant two and a half inches, passed closely pressed. The diameter of the true pelvis less than normal. A dry labor and a dry bed. The membranes did not reveal to the touch a rupture, and if the liquor amnii had passed, neither the patient nor the nurse were aware of it. The expulsive pains were unusually severe, and although the head was soft and compressible, the soft parts of the mother yielded so slowly that I was forced to give ether, to the extent of retarding the expulsive efforts, in order to prevent a rupture of the perineum. The child was born at six P.M., or about three hours after my arrival. The babe being asphyxiated, I cut the cord long, unligated, regulating the flow of blood by digital compression, and immediately instituted the usual means of resuscitation, and sent for my wife, Mrs. Stuart, M.D., to take charge of the mother, who arrived about 6.30 P.M., the patient in the meantime being under the care of the nurse. The babe was resuscitated, and lived about an hour, dying of hemorrhage per anus, but could not have survived long, even had the hemorrhage not supervened, owing to an imperfect development. No post-mortem. Mrs. Stuart found an hour-glass contraction of the uterus about midway between the os and the fundus, with an adhered placenta in the upper portion. Ether was administered, the contraction overcome, and the placenta delivered. The uterus readily contracted, a drachm of Squibb's fluid extract of ergot having been administered just before the head of the child was expelled. The ergot was given to guard against the post-partum hemorrhage. The patient having some pain, and fearing inflammatory action, ordered from five to ten drops of Battley's sedative (double the strength of the officinal tincture of opium), and left about 8.30 P.M., my charge doing as well as could be expected. About three hours later her husband called on us, saying that she was restless, could not sleep, and had some pain, and that there was a swelling at the entrance of the passage on the right side. Supposing the pain to be due to the contraction of the uterus, and the "swelling" œdema of the labium majorum, I sent forty grains of bromide of potassium, directing the half to be given at once and the balance in two hours if the patient was not asleep, and to continue the sedative in ten-grain doses every four hours when awake

September 6th, about 8 A.M., found the patient free of pain and disposed to sleep; pulse 100. Nurse said she had been restless all night, and complained of pain until a short time previous to our arrival. Upon examination we found the tumefaction to be due to the distention of the labia and the surrounding parts, principally upon the right side, in consequence of an effusion of blood between the vaginal tunics. Ordered three drops of Battley's sedative and two drops of the officinal tincture of aconite root every two hours, and belladonna plaster to each breast; cloths wrung out of hot water were directed to be applied to the labia, and the water as a vaginal enema three times daily. Five P.M.: patient has rested well since the morning visit; pulse less frequent but slightly dicrotic. The external surface of the labia and perineum are very much discolored, for which a strong solution of nitrate of potash was ordered. Carbolic acid added to the vaginal injection. The hot applications to the external parts have been discontinued. September 7th, 9 A.M.: pulse about the same; condition of patient unchanged. During the past twenty-four hours an occasional twenty-drop dose of the sedative has been required, to counteract irregular exacerbations of pain. In the hope of relieving the distention, and fearing the use of the knife might renew the hemorrhage, we introduced a large aspirating needle, but only got about an ounce of bloody serum. Medication continued and nourishment increased. Five P.M., condition about the same. Treatment continued. September 8th, 9 A.M.: rested well during the night; pulse 72, and less dicrotic, but from a summary of the symptoms, thought it best to order two grains of the sulphate of quinia every three hours. Continued the vaginal injections as required for cleansing purposes, and the solution of nitre, as before. The external surface less dark, but a portion of the vaginal wall, lower third, right side, will soon slough. The sedative and aconite to be given every three hours, with the quinia. Nourishment continued. Five P.M.: increased dicrotism of the pulse, and the previously cream-colored coat on the tongue assuming a darker hue, but at no time

has the tongue been entirely covered, the coat appearing in irregular patches. A considerable portion of the right vaginal wall has given way, and about a pint of dark clotted blood passed out with the injection. Treatment continued. September 9th, 9 A.M., patient rather stupid, disposed to sleep. When spoken to as to her condition, says she feels well, and mechanically takes whatever is given to her. Pulse dicrotic and more feeble, 72 per minute. Temperature, in axilla, 100¾°. Tongue of a darker hue and slightly tremulous. Increased flow of urine; have used the catheter twice daily since confinement; urine dark and offensive to the smell. Removed about half a pint of dark, offensive clot. Treatment continued. Five P.M., pulse feeble and irregular, 74 to 84. Temperature 100°. Removed about four ounces of dark clot, more offensive than that of the morning, notwithstanding a free use of carbolic acid. Also a well-marked diphtheritic patch on the nymphæ; otherwise the patient is about the same. Continued previous treatment, and ordered twenty grains of the sulpho-carbolate of soda, to be given with the quinia, in consequence of the supervening diphtheria. September 10th, 9 A.M., patient less stupid, and for the first time disposed to make inquiry as to her condition. Tongue less dark; pulse 76; temperature 100½°. About two ounces of increasingly offensive clot came away. Passes urine for the first time, without the use of the catheter. Ordered less of the sedative and aconite, and continued quinia and sulpho-carbolate of soda. In addition to the previous nourishment, directed the nurse to give a fluid ounce of equal portions of a strong decoction of Mocha coffee and new milk. Five P.M.: pulse not dicrotic, but irregular, 76 to 90, less compressible than at the morning visit; temperature 101; tongue about the same. Less clot discharged from the vagina, but a continuous, sanious, very offensive flow mingling with what we recognize for the first time as the lochia. Digital examination reveals the presence yet of clot between the vagina and rectum. The diphtheritic patches have not advanced much. Treatment continued. September 11th, 9 A.M.: pulse 74 to 84, reasonably full: temperature 99°; tongue about the same. The same sanious, fetid discharge from the vagina continues. There being no effort to secrete milk, the aconite is discontinued, and being free of pain and no metritis, the sedative is lessened. 11.30 A.M.: A messenger stating that the patient had become restless and was suffering pain, the sedative was increased to ten drops. An hour later found her free of pain and quiet, but with a feeble, compressible pulse. Ordered a teaspoonful of whisky every two hours, with the coffee and milk. Continued sedative in two-drop doses every hour. Five P.M.: resting well, not stupid or sleepy; pulse 76, reasonably full and not so easily compressed; temperature 101°. The same terrible, fetid vaginal discharge continues. The quinia, sulpho-carbolate of soda, and the treatment of the afternoon continued. September 12th, 9 A.M.: pulse 80; temperature 99°; tongue gradually clearing. Treatment continued. Five P.M.: pulse 100; temperature 101. Treatment continued, with an increase of sedative if the pain should demand it. September 13th, 9 A.M.: In consequence of pain, took, during the night, twenty-three drops additional of the sedative. Pulse 80; temperature 98⅗. The discharge from the vagina less in quantity and less offensive. The carbolized injections to be used every six hours. Five P.M., pulse 80: temperature 99¾. The diphtheritic deposits have all disappeared, and the ulcerations are assuming a healthy appearance. Sedative reduced to three drops every two hours. Quinia and sulpho-carbolate of soda to be given every four hours. All else the same. September 14th, 9 A.M.: pulse 75; temperature 98½. General condition more favorable. Treatment continued. Five A.M., pulse 71; temperature 99½. Has rested reasonably well, and gives a reasonable hope of recovery. As far as a digital examination can indicate, the clot has all disappeared, and the sanious discharge is but slightly offensive. September 15th, 9 A.M., pulse 72; temperature 98½. Had a good night's rest. Treatment continued. Five P.M.: pulse irregular, 80 to 100, weaker and less full; temperature 100. Vaginal discharge diminishing in quantity and smell. The ragged edges of the vaginal walls around the slough are less phagedenic in appearance. Can pass the index finger from nympha to rectum, revealing a cavity of considerable extent. Cannot account for the weak and irregular pulse. Is taking all the nourishment that the stomach will tolerate. The coffee and milk appear to quiet, tone and nourish; she says she cannot get along without it. Have discontinued the sulpho-carbolate of soda. Ordered a tablespoonful of pure olive oil every twelve hours, designed both as a laxative and nourishment. September 16th, 9 A.M., pulse 80 and rather fuller; temperature 99. Five P.M., pulse 84; temperature 100. No particular change since yesterday. September 17th, 9 A.M., pulse 84; temperature 100. Five P.M., pulse 95; temperature 101½. Tongue, which was well

cleaned on Monday, the 15th, is now assuming a brownish coat. Patient does not complain, but is evidently worse. September 18th, 9 A.M., pulse 84; temperature 100. Gave fluid extract of belladonna, one drop every three hours, to check the profuse perspiration which has existed for the past twenty-four hours. Was attacked during the night with a severe pain in left side, supposed to be neuralgia. Ordered spirits of turpentine locally, and resumed the former treatment of sedative and aconite. Five P.M., pulse 90; temperature 102½. Free of pain when under the influence of the sedative. September 19th, 9 A.M.: pulse 84; temperature 100½. More comfortable than yesterday. Five P.M.: pulse 95; temperature 103. Have discontinued the belladonna, as it appeared to increase the temperature, especially of the surface of the body. The perspiration ceased with the increase of temperature. September 20th, 9 A.M.: pulse 75; temperature 100. Being weak and having chilly sensations, and wishing to prevent a return of the excessive perspiration, ordered Huxham's tincture, quinia and aromatic sulphuric acid. Five P.M.: pulse 90; temperature 101. Have discontinued the two-grain quinia pills. September 21st, 9 A.M.: pulse 82; temperature 99½. Bowels moved by the aid of an enema, carried up through a full-length catheter. Five P.M.: pulse 84; temperature 100. Has had a comfortable day and appears to be improving. September 22d, 9 A.M., pulse 84; temperature 99½. Five P.M.: pulse 90; temperature 100½. September 23d, 9 A.M.: pulse 100; temperature 103. Has had a severe chill, followed by fever. Increased pain in side and sore to the touch. Renewed the two-grain, gelatine-coated, quinia pills, one every three hours, in addition to the one grain of quinia in previous medicine. Fear the rigor is due to the presence of pus. Five P.M.: pulse 98; temperature 103½. Treatment continued. September 24th, 9 A.M.: pulse 92; temperature 100½. Treatment continued. Five P.M., pulse 84 and weak; temperature 101. Tongue clearing again. September 26th, 9 A.M.: Neglected to keep a record of yesterday's visits. To-day, pulse 60; temperature 98½. Pus came away with the vaginal injection. Five P.M.: pulse 74; temperature 99½. Appetite improving; bowels regular. The profuse perspiration having returned, ordered a drop of the fluid extract of belladonna every three hours. Former treatment continued. September 27th, 9 A.M.: pulse 76; temperature 98½. Perspiration less; tongue still clearing; bowels regular; appetite improving; pain in side less; and the turpentine, having produced a local erythema, has been discontinued. September 28th, 9 A.M.: pulse 74 and reasonably full; temperature 98½. Patient improving, and the treatment modified accordingly. October 4th, improvement rapid and continuous.

Remarks.—The foregoing case presents many points of interest which will be readily recognized by a careful reading. I have not only given the case as it presented itself to me from visit to visit and day to day, but frequently my own thoughts as they occurred at the time. I do not pretend to reconcile the occasional discrepancy between the pulse and temperature, neither that of the other symptoms, but will say, that my patient is of a highly nervous organization, and has a chronic pulmonary tuberculosis. The aconite was given, principally, to control the secretion of milk, which, with the belladonna plaster to the breast, did all that could be desired. The fluid extract of belladonna was given for the profuse perspiration, and most nobly did it succeed, but I am of the belief that it increased the temperature of the skin, and thus may account for a few of the contradictory symptoms. I gave Battley's sedative on account of its purity, reliability, and the small quantity of alcohol it contains. As a rule, the stomach will tolerate it when opium in any form is borne. For its formula see *Napheys' Medical Therapeutics*, page 260. I am in the habit of giving ergot as a preventive of post-partum hemorrhage, but it may be said that in this case it was not required, and that the hour-glass contraction was due to it; I do not think so. The use of the other medicines requires no explanation. The coffee and milk is a favorite nervine and nourishment in all cases of debility.

At present, December 15th, 1879, the result is more than could be expected. But slight obstruction in the vaginal canal, from cicatrices, and the general health is as good as previous to her late pregnancy.

The literature upon this subject is not extensive, Cazeaux being the fullest of any work I have read upon the subject. Strictly speaking, thrombus is a misnomer in the present case, as the color through the vaginal wall indicated the presence of arterial blood; yet the extensive dark discoloration of the skin, extending to and surrounding the anus, and other indications, showed the presence of venous blood also. As to the location of the thrombus, it would be classed in the first, fourth and sixth divisions, as given by M. Laborie in Cazeaux. Although the favorable termination of the case appears to

justify the course of treatment. I am not prepared to say that an early resort to the use of the knife might not have lessened the risk of my patient's life and hastened her recovery, but I did not see it in that light at the time.

The mortality in vaginal thrombus is great. In sixty-two cases, collated by M. Deneux, and given by Cazeaux and Leishman, there were twenty-two maternal and twenty-one infant deaths. And in nineteen cases collected by M. Blot, and published since 1830, five proved fatal to both mother and child.

A PLEA FOR POLYPHARMACY—QUINIA COMBINATIONS AND SEA AIR FOR MALARIA.

BY BOARDMAN REED, M.D.,
Of Atlantic City, N. J.

The manifestations of the malarial poison described by Dr. P. H. Thompson in the REPORTER of December 20th, were certainly interesting and probably novel, though marked nervous disturbances of various other kinds, especially dyspnœa, are common enough. He deserves thanks for reporting the cases, since every record of a new or unusual phase of disease is an important contribution to medical science, and accurately noted clinical observations, whether of peculiar types of disease or the effects of treatment upon them, are even more instructive to the practicing physician than microscopical studies of pathological conditions after death.

As to the treatment of intermittents, I notice that Dr. Thompson relies almost exclusively upon quinine, and this appears to be the rule with very many in the South and West, where malarial diseases are so largely prevalent. It may seem like presumption in one practicing in a non-malarial district—at a health resort, where intermittents do not originate, and can only be studied, as a rule, in the persons of visitors and returning sailors—to express an opinion upon the treatment of this class of affections; yet I venture to make the assertion that even the least efficient of the alkaloids of Peruvian bark will accomplish more, even in moderate doses, when combined with certain other drugs, such as opium, capsicum, leptandrin, gelsemium, etc., than will the sulphate of quinia alone, in the most heroic doses. This statement I have seen verified both in Philadelphia and Atlantic City. The value of such combinations is now affirmed by several of our best authorities in therapeutics. Dr. Bartholow, the distinguished professor and writer, recommends the joint administration of quinia and opium. Dr. Edward R. Mayer, of Wilkesbarre, Pa., whose highly suggestive little pamphlet on "Specific Medication" ought to be expanded into a volume, testifies to the great advantage of combining quinia with leptandrin, or with gelseminm. *Napheys' Therapeutics* cites numerous very valuable combinations of quinia, well tested by the experience of eminent practitioners. Dr. Piffard, of New York, the American editor of Wood's new edition of "Phillips' Materia Medica," though he leans strongly to what seems to be the coming fashion of mono-pharmacy, says, in his notes to that work, "Capsicum decidedly promotes the action of quinine in malaria, and together with a little opium, may be combined in the following proportions: quinine, 10 grains; capsicum, 5 grains; opium, ½ to 1 grain; these to be mixed and divided into such doses as may be required."

Some time before the publication of the above I had hit upon the same combination, except that quinidia was used instead of quinia, and morphia instead of opium, and had found that it would usually break up any intermittent in forty-eight hours, especially if a cholagogue cathartic were given at the start, and a full dose of some opiate (a hypodermic of morphia being the most efficient) were administered an hour before the expected paroxysm.

The following formula makes a pill of convenient size, which, repeated every three waking hours, has uniformly succeeded, in my hands, with the assistance above mentioned, even in very obstinate intermittents, such as our fishermen sailing in the waters of the Chesapeake, Delaware and other bays to the southward, often bring home with them:—

℞.	Quinid. sulph.,	gr.xxx	
	Oleo-resinæ capsici,	gr.iij	
	Morphiæ sulph.,	gr.j	
	Syrupi,	q. s.	M.

Ft. pil., No. x.

Sig.—One every three hours.

Among the invalids sent hither from Philadelphia, New York and other cities, there are many cases of the malarial cachexia. These often improve amazingly without any medicine, the sea breezes laden with the alterative compounds of chlorine, bromine and iodine (iodine, by the way, I have found to possess real power over intermittents) proving sufficiently curative. When anything more has been needed, I have seen excellent results from small doses of nux vomica combined with the sixteenth of a grain of podophyllin or one-fourth grain of blue pill,

and repeated every four or six hours. The liver is the organ chiefly at fault usually, in such cases, and mild remedies which stimulate it gently, at the same time that they promote appetite and digestion, frequently accomplish more than quinine, or even than a too protracted administration of arsenic, at least, under the favorable influences here existing.

But, as already intimated, climatic conditions contribute so largely to our cures here that it is, perhaps, presumptious to claim credit for any of the auxiliary drug treatment. With much hesitation, therefore, the foregoing suggestions are submitted, in the hope of calling attention more prominently to the fact, established beyond question by careful observers in all parts of the country, that the power of the cinchona salts in intermittents is greatly enhanced by combining them with other remedies; and to that other important fact, that cases of malarial cachexia which resist all sorts of treatment in the cities may get well with very little medicine if sent to some non-malarial locality upon the seashore.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. JOHN GUITERAS (Nov. 22, 1879).

One of the Physicians to the Hospital, and Lecturer on General Symptomatology in the University of Pennsylvania.

Some Unusual Forms of Continued Fever.

"Gentlemen:—Through the kindness of Dr. Bowen, I have to-day the opportunity of presenting to you three or four cases of fever of a peculiar type. You have already seen one of these, and your attention has been called to the fact that the symptoms have very closely resembled those of typhus fever; so much so, indeed, as to have given rise to the diagnosis of typhus.

"To-day I want to consider these cases from an etiological point of view. One of the difficulties in arriving at a clear diagnosis is connected with this question of etiology. There is no doubt but that the symptoms point to typhus fever, but the question at once arises as to how far it is now possible for a person in the State of Pennsylvania, or in the United States, to have typhus fever."

The lecturer then spoke of the different classifications of disease, as according to the symptoms and according to the lesions present. He then continued, "but there is a certain class of diseases which seem to depend upon the introduction of a poison into the blood. These are the so-called infectious diseases. Here we know of no lesions of any one solid organ, and the classification must be based upon the poison introduced into the blood. A knowledge of the nature of these poisons is of preëminent importance in the diagnosis and prophylaxis of these diseases." Dr. Guiteras here gave several illustrations of the aid gained in the diagnosis of certain diseases by our knowledge of their causation, and among others the following. "Suppose an epidemic of relapsing fever should develop in Philadelphia to-day, it would be difficult to recognize the first cases before the intermission and subsequent relapse, for in the early stage there are no characteristic symptoms. This difficulty in the early recognition disappears immediately, because it has been abundantly proven that in relapsing fever the blood contains a bacterium known as the spirochæta. If a case should present itself with the symptoms of relapsing fever, I should immediately examine the blood, and if I found the spirochæta, I should know that it was a case of relapsing fever.

"Now, in regard to typhoid and typhus fever, can we, by examination of the blood, tell which disease we have to deal with? No, we cannot. This is only possible in relapsing fever and some diseases of the lower animals; but we do know several things in the etiology of these diseases which assist us materially in their diagnosis. In regard to typhus, we know that the source and principal focus of its poison is Ireland; that it is endemic in Dublin and London; that the disease has always followed the Irish emigrant, and has been carried by him to almost all parts of the world, and that in some places the poison has found an appropriate soil and given rise to a great epidemic. Therefore, whenever we find a case of typhus outside of Ireland or England, or a part of the north of Germany or of the south of Russia, the poison has almost certainly been imported from one of those places. When we find such a case, we must try to discover whence the patient got the poison. The question at once arises, can this poison originate spontaneously? Histories of certain epidemics are given, where it was impossible to trace its connection with any previous case. Those who do not believe in the spontaneous origin of the poison say that the first case was due to the poison from a previous epidemic, which has lain dormant and has been suddenly developed by some exciting cause. This is plausible, but it seems hardly possible that the poison could have remained dormant for so long a time, sometimes even twenty years. Again, epidemics have occurred where there was no history of any previous case of typhus. These cases have been said to be due to contagion carried in the clothing of persons, or in some unknown way. The argument most frequently advanced is based upon the fact that all our knowledge of these lower organisms leads us to believe that there is no such thing as their spontaneous origin. I do not believe in the spontaneous origin of bacteria, but I do believe in the so-called spontaneous origin of these diseases. I think it quite possible that these organisms exist in a certain number in all places, but not sufficiently numerous to give rise to an epidemic; but suddenly, under the action of favorable causes, they develop rapidly and an epidemic is produced." The speaker then gave several instances of this principle, as shown by other forms of animal and vegetable life.

"Therefore, I say that it is possible for an epidemic to arise in this country without import-

ation; but although I have taken so long to explain how this may be possible, I do not want you to believe that it is, by any means, probable. It is very rare for epidemics to originate in this way, and I believe that all the epidemics of this country have been traced to importation. If, therefore, we find certain cases resembling typhus fever originating in different parts of the State, I believe that we have, in that very fact, the strongest argument against their being typhus. If these several cases had come from one place, as Philadelphia, from near the river, we would have more reason to think that they were typhus; but when I tell you that one comes from Pittsburg, another from Altoona, and the other two from Philadelphia, and when I also tell you that at this time of the year there is a tendency to the development of typhoid fever all over the country, I think you will agree with me that these are, more probably, cases of typhoid, and not typhus. Basing our diagnosis, principally, upon the etiology, it is almost an impossibility for these to be cases of typhus fever.

"Could the exceptional causes that give rise to the so-called spontaneous origin of the disease exist in these different places without giving rise to an epidemic? or, if these cases were due to contagion, could the disease develop in different parts of the State without first appearing in Philadelphia, through which the poison must be carried? It is almost impossible to imagine this. But in spite of these considerations, to which I attach so much importance, it is certainly very true that these cases present a very peculiar appearance, and I greatly fear that their consideration is going to shake a great deal of your faith in the rules given you for the diagnosis of typhus and typhoid.

"This case, perhaps more than any of the others, has presented several of the most marked symptoms of typhus fever. The peculiarities that characterized this case were, in the first place, the peculiar condition of the face, as you may still see. The face was somewhat congested, and this was not localized to the cheek bones, as in typhoid, but involved the whole face, and it was of a brighter red, as in typhus. The face was also quite swollen, as we find it in typhus. The eyes were injected, and not clear, as in typhoid. The eruption on the skin had the peculiar characters of typhus, and not those of typhoid. Besides this, the eruption presented a reddish-brown hue, and not the rose color of typhoid. The spots were not regular in their outline, as is usual in typhoid. The centres of these spots were formed by petechiæ, that is, small hemorrhages under the skin, and did not disappear upon pressure. You can still see the abundance of this eruption; there is a general mottling of the whole surface. This is a strong point in favor of typhus, for usually, in typhoid, the eruption is very scarce, while in typhus it is very abundant. In typhoid the spots disappear upon pressure, and by careful palpation you can generally detect a slight elevation of the spots. Then, to summarize, we had a too abundant eruption for typhoid fever; it was too much of a reddish-brown color; it did not disappear on pressure, and it presented a very irregular outline in each spot. It should, however, be mentioned that a few spots characteristic of typhoid fever have made their appearance on different days of the disease, since admission.

"Now, in regard to the course of the disease: We have found that these cases run somewhat of a peculiar course, which would also point to the diagnosis of typhus. We find that they have been sick too short a time for typhoid fever. The patient you have just seen assures us that he had been sick five days before admission. He was admitted on November 13th. He has therefore been sick for fifteen days. To-day his temperature is down to the normal. This is the history of typhus, lasting only two weeks. When the temperature falls, in typhus, it usually falls suddenly. The temperature rises rapidly, reaching, perhaps, 104° or 105° during the first day. As a general rule, in all those diseases in which the onset of the fever is rapid its decline is rapid, and where it reaches its height slowly it passes away slowly. In this case the temperature sheet shows a gradual fall of temperature—it has taken four days for it to reach the normal. This is more characteristic of typhoid than typhus.

"The patient I now show you presents rather a curious complication. He has fever, somewhat of a typhoid type, and he is covered with freckles, which so closely resemble the typhus eruption that it makes the case quite confusing, coming at a time when we are exercised about the diagnosis of these other cases. You see that his face is red and bloated, eyes injected, and the tongue quite dry and slightly brown, characteristic of the typhoid state. Looking at him, you would say that he was covered with an eruption; but this is not so; the spots you see are freckles, and it is very difficult to find any spots due to disease; I cannot say that I have found any. The patient presents a continued fever with slight distention of the abdomen, with some tendency to diarrhœa, and the typhoid state slightly marked. The temperature in this case has followed a course very much like that of typhoid fever. There is a daily remission, with a fall in the morning of a degree or a degree and a half. It is gradually getting down to normal, and it will probably reach that point within three days.

"Another case, an old man 63 years old, was admitted on the seventeenth of this month. He had a high fever, a temperature of 103°, quite a frequent pulse, and presented all the symptoms of the typhoid state. We examined this old man carefully, and we found on the back what we thought to be typhoid fever spots, but much reliance should not be placed upon spots found on the back, especially where there is any doubt as to the diagnosis. It is quite common, I believe, to find spots on the back exactly like those of typhoid fever, in other diseases, and especially where the patient has been long in bed with any febrile affection, and also in acute tuberculosis. I believe that these cases of acute tuberculosis present an eruption exactly like that of typhoid fever. He had some abdominal distention and tenderness, and, on etiological grounds, I could not believe that there was typhus; but I find that his temperature fell in twenty-four hours, from 102° to 98°. This is a thing that never happens in ordinary typhoid fever. In another case that has been shown to you the temperature also fell rather suddenly.

"In all these cases the attack developed gradually, and the patients could not tell the day on which they were taken sick. This is quite characteristic of typhoid fever, but in typhus fever the attack usually comes on suddenly and the patient can tell the exact day on which he was taken sick. Now in regard to the abdominal symptoms; in all these cases we have had abdominal distention, which is quite characteristic of typhoid fever, but it often exists in typhus fever. In all there have been abdominal tenderness and gurgling in the right iliac fossa, due to ulceration of the intestine, which you know is the lesion characteristic of typhoid fever. One of the common abdominal symptoms is diarrhœa, but we find that none of these cases has presented any diarrhœa since they have been in the house. I believe they all state that they have had some diarrhœa at the beginning of the attack. There are cases of typhoid fever in which ulceration has occurred but in which no diarrhœa exists. These cases may belong to this class.

"I had in this house, some time ago, an epidemic of five or six cases very much resembling these. They all came from one house, and I believe from one family—father, mother and three children. They all presented the peculiar symptoms of these cases, and I ventured on the diagnosis of typhus fever. In these cases the diagnosis was more plausible, because they all came from the same locality; but no one in the wards contracted the disease, and it did not spread in the neighborhood from which they came; as typhus is extremely contagious, these were very strong points against typhus, and they were enough to make me discard that diagnosis.

"Another case was admitted to this house a number of years ago, presenting exactly the same eruption as do these cases. Several other gentlemen saw the eruption and agreed that it was that of typhus fever. This was a single case, and it might have come from ship-board, so that I made the diagnosis of typhus. The man died, and at the post-mortem we found the lesions of typhoid fever.

"It should be remembered, in this connection, that we have not had an epidemic of typhus for, I think, ten years. In that time we may have lost our ability, from want of practice, to make clear distinctions between the eruption of typhus and that due to other causes, just as in the investigation of certain chest troubles we are unable to determine certainly the lesion that exists, unless we can compare the diseased with the healthy side: so I believe it may be the case with this eruption, and if we had a case of true typhus eruption the resemblance might disappear.

"But what kind of typhoid fever is this, you will ask; a typhoid fever that presents a petechial eruption, with badly developed abdominal symptoms, and running a rapid course. This is very strange; but I would rather say that the epidemic of typhoid fever now developing is presenting peculiarities, as is often the case at the beginning of these epidemics; although not quite satisfied with this explanation, I would rather say this than suppose that patients from Philadelphia, Pittsburg and Altoona could come here with typhus fever. I say that it is not rare for typhoid fever to present peculiarities, and so it has been divided into different forms. One of these is the mild or abortive form. You will find that there are cases of typhoid fever in which the temperature rises rapidly and falls rapidly, especially after the administration of calomel. Niemeyer says that he has seen cases of the abortive form which lasted only two weeks. Do we never have petechia in typhoid fever? We do, but the difficulty is this: when the petechial eruption makes its appearance in this disease, it is always in severe cases, and where there is a high degree of blood poisoning with hemorrhages under the skin, and the case is almost always fatal. These cases are mild, and the only way that I can explain the presence of petechia is upon the fact that in cases where the hemorrhagic diathesis or scurvy exists, typhoid fever is more apt to present a petechial eruption. These patients, at the time of the attack, may have been suffering from scurvy, or had a scorbutic tendency, which has given rise to the peculiar eruption. This is the only explanation that I am able to give, but I am not entirely satisfied with it, nor am I satisfied with the diagnosis of typhoid fever; but, falling back again upon the etiological point, I think it would be almost impossible for these patients to develop typhus without some connection with the disease from abroad; I would say that this was practically impossible.

"Now, in regard to the treatment of these cases, I only wish to make a few remarks in connection with the first case. The others have done very well, with but little treatment. We have given them frequent doses of quinia, two or three grains every three or four hours. You are, no doubt, in the habit of thinking of the treatment of typhoid and typhus fever with alcohol and stimulants, but where you do not need them you should not use them. Even the old man has had no stimulants, nothing but the quinia every three or four hours. This patient had no eruption. This is quite common in typhoid, but it is very rare for typhus to exist without an eruption.

"The patient that you saw first presented, for two or three days, quite alarming symptoms. These symptoms were great frequency and feebleness of pulse. I believe, and so do the majority of authorities on the subject, that the great danger in typhoid fever is death from paralysis of the heart. The cardiac muscle undergoes a form of degeneration, fatty or not, which may lead to failure of the cardiac action and death from paralysis of the heart. You should always examine the pulse carefully, and if very frequent and feeble, it is an evidence of weakness of the heart; in such cases the patient may, from rising from the bed, die suddenly. This patient's pulse rose to 120–130 in the minute: it was dicrotic and feeble. We gave him, at first, alcohol, but when the pulse became more feeble, fifteen drops of the tincture of digitalis every two hours, and on the next day I found that his condition was greatly improved.

"I will again allude to these cases next Saturday, and let you know their condition."

(Dr. Guiteras, at his lecture on Saturday, November 29th, made the following remarks in regard to these cases):—

"You remember that at the last lecture I brought before you a number of cases of a peculiar form

of fever, and promised that I would let you know their termination. They have all but one terminated rather rapidly, more rapidly than is usually the course in typhoid fever. Only one of them, the patient in my own ward, has had the normal slow course of typhoid fever. They have terminated so rapidly that it brings up the question whether these have been cases of a peculiar abortive form of typhoid fever or cases of a peculiar form of simple continued fever. As far as typhus fever is concerned, I have not heard of any person in the wards contracting the disease, nor have I heard of any epidemic of typhus fever developing in Pittsburg, Altoona or Philadelphia.

"It might be thought that these were hybrid cases of typhoid and typhus fever, but it should be remembered that such cases are extremely rare. They have only been met with in the midst of well marked epidemics of both diseases occurring at the same time."

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Reported for the Medical and Surgical Reporter.

Dr. C. R. Prall reported the case of a young lady, aged nineteen, who had never been prescribed for by a physician before he was called, at 5 o'clock one afternoon. She was complaining of shortness of breath. The pulse was 115. Temperature not taken, but thought to be about normal. Skin very pale, anæmic. Her mother said she sometimes complained of pain at the pit of the stomach after eating, and that the urine was unusually copious. He could elicit no other symptoms nor locate disease in any organ of the body. The extreme anæmia of the patient, together with the increased flow of urine, led him to ask a sample for examination the next morning. At seven o'clock the same evening a messenger came saying she was drowsy, but thinking the friends unduly alarmed he did not revisit her. At eleven o'clock the messenger returned, saying she was dying, and a few minutes later, on his arrival, he found her dead. The autopsy showed no microscopic lesion in any part of the body. A little water drawn from the bladder was, however, loaded with sugar, as he had suspected. He had seen other cases of diabetes in which there was no complaint in the early stage beyond a little dyspepsia, and in which the patient would not be convinced of any more serious trouble; yet he thought the present case remarkable for the absence of all serious symptoms (he thought it correct to say absence of any considerable discomfort) until within six hours of death, and that in a disease so protracted as we know to be the case in diabetes mellitus.

Dr. S. Updegrove gave the details of the operation of laparotomy in a case of fibro-cystic tumor of the uterus. After opening the abdomen it was decided to remove the whole uterus and its appendages, on account of the large amount of the pedicle, there being in reality several tumors, none of them being in reality pedunculated. The operation required two and a half hours. The patient died from shock on the third day. The mass removed was exhibited. Dr. E. Montgomery assisted at the operation. The case was interesting, because of the great difficulty in diagnosis between fibro-cystic tumor of the uterus and cyst of the ovary. All who saw the case were in doubt, and opinions differed until the incision was made. The whole uterus was in a state of cystic degeneration, small cysts throughout the walls in addition to the large ones. The whole mass was already so large as to endanger life, and was rapidly increasing. These conditions seemed to leave no alternative; the whole had to be removed. The size of the womb (greater than at the fourth month of pregnancy) necessitated so much cutting that we ought not to be surprised at the result.

The thanks of the Society are due Dr. Updegrove for presenting the case notwithstanding the unfavorable termination.

Dr. N. Hatfield appreciated the kindness of Dr. Updegrove in reporting the case, and returned thanks.

Dr. C. Wittig. The reports of successful operations being all that we see in the journals, we are apt to forget the dangers and consider them trivial. The result in this case should at least make us careful.

Dr. Hall asked which element of the operation gave the shock, the cutting of the abdominal wall, the long exposure of the peritoneum, or the cutting through the neck of the womb?

Dr. Updegrove believed they were all factors to produce the result; he could not say which was chief.

Dr. E. Stone related a case of labor with rupture of the womb, to show the extreme sensitiveness of the organ to wounds. In his case the rupture was not more than three inches long, did not pass through the peritoneum, and the amount of blood lost was not greater than two ounces, yet the woman did not rally, but died from the shock.

Proportion of Carbonic Acid in the Air.

The chemical textbooks, almost without exception, hand down the classical and quasi-official assertion that the atmospheric air contains a small quantity of carbonic acid, varying usually between 4 and 6 ten-thousandths in volume. On examining the reports of the most careful experimenter, we find nothing to justify this narrow limitation; under the same meteorological conditions, at intervals of a few hours, the figures are often doubled. The *Journal of the Franklin Institute* mentions that J. Reiset has experimented in open fields, far from any dwellings, with aspirators containing about 600 litres (158.51 gal.), and with ingenious precautions for securing the utmost possible accuracy of results. He never found so large a proportion of carbonic acid as 4 ten-thousandths. The range, in his summary, is between 2.839 and 3.178, and mean 2.942 ten-thousandths. In the rue de Vigny, near the Parc Monceau, Paris, during the month of May, the mean of three years' observations was 3.027 ten-thousandths. The extreme variations did not exceed .00003.

Editorial Department.

Periscope.

Treatment of Unanited Fracture of the Patella.

An instructive case was read before the Medical Society of London, by Mr. R. Bell, at a late meeting:—

The patient, a railway porter, aged twenty-seven, came under Mr. Bell's care at King's College Hospital, on July 5th, 1879, having sustained a transverse fracture of the right patella on September 24th, 1878. He did not resume work until January 21st, 1879, and eleven days after, while bending down to clean a carriage, he felt the knee give way; the fragments became separated, and it was found impossible to approximate them. He managed to get about, with the limb in a back splint and with the aid of a stick, but was practically unfit for duty. When seen by Mr. Bell, the right patella was found to be fractured transversely, the upper fragment being the smaller, and separated from the lower by about two inches and a half. The fragments could be approximated to about one inch; the skin was adherent to the fibrous tissue connecting them, and the outline of the condyles was plainly seen. All power of extension was lost, and the weakness of the joint made him liable to frequent falls. The following operation was performed: An incision four or five inches long was made in the long axis of the limb, over the fractured patella, and the skin dissected off from the parts beneath; the fibrous expansion between the ends of the bone was then dissected off from the condyles of the femur, a slice of bone was then taken off from the free margins of the patella, two holes were bored through each fragment at a little distance from the margin, and strong fine silver wire passed through them. Forcible traction failed to bring the ends together, nor would the fragments touch when the lateral attachments of the patella were divided, so that it was found necessary to divide subcutaneously the whole of the rectus femoris muscle and tendon three inches from the upper margin of the patella, a narrow-bladed bistoury being entered from the outer side of the thigh. By twisting the wires, the fragments were forcibly brought into contact. Bleeding vessels were tied with catgut, incisions were made into the joint on each side above the patella, for the passage of drain-tubes, and the limb was placed on a splint and inclined plane. A very small drain-tube was passed under the long incision, which was carefully brought together by carbolized silk sutures, holes being left to allow the silver wires to pass. The blood was well squeezed out of the wound made in dividing the extensor muscle, and a drain-tube introduced. Protective oil silk having been applied over the various incisions, carbolized gauze wetted with carbolic lotion was applied over a quantity of loose dry gauze, to absorb discharge, and the limb, carefully wrapped in the usual gauze dressing, was placed on a McIntyre splint, kept well raised in bed. The case progressed uninterruptedly; there was no pain. Neither opium nor stimulants were required. The wound remained perfectly aseptic, was perfectly drained, only a thin fluid escaping. The highest temperature reached was 100.4° Fahr., and that only on one occasion. The operation was done on July 12th, all stitches removed by the 21st, and the drain-tubes finally removed on August 6th. Passive motion was then commenced. The patient left his bed on September 5th. On the 27th the silver pins were removed, under chloroform, and forcible flexion of the joint made as far as seemed prudent. The wounds left by the wires were quite healed by October 8th. The patient was shown to the Society, and also a cast showing the limb before operation. He can now flex and extend his knee, and his joint is daily becoming more useful; he can walk without a stick, and can go up and down stairs. When flexed, his leg makes with the thigh an angle of 120°. The scars left by the different incisions can be seen, and at the point where the rectus was divided a depression may be felt. There is apparently perfect bony union of the patella, a slight groove on one side marking the point of original division.

On Irritable Spine.

Dr. J. J. Coghill has a valuable article on this subject in the *British Medical Journal*, October 11th. He gives four cases, of which we extract one, and his general remarks:—

Lately I have had under my care no fewer than four cases in which vertebral tenderness or hyperæsthesia was the principal essential feature, and in which I could not ascertain that the local phenomena resulted from any exciting cause at the periphery. A comparative study of these cases will, I think, help to place the pathological identity of one form at least of this affection upon a more satisfactory basis. I believe it will demonstrate that there occurs not infrequently a form of irritable spine which must be regarded as a primary disease, which is not dependent upon any sympathetic, referred, or reflected irritation.

Case 1.—Miss M. G., aged twenty-four, of sangaineo-lymphatic temperament, auburn hair, blue eyes, and ruddy complexion, was perfectly well until a year previous to consulting me, when a shock to the nervous system, from a fall in a ball room, which caused a fractured collar bone, produced the following train of symptoms: gradual loss of appetite, feeling of languor and debility, with some loss of flesh and sleeplessness. As it was feared she was becoming consumptive, she was sent to Ventnor. I found, on examination, all the organs perfectly healthy, and the functions regular. There was no pyrexia. She complained, however of great tenderness on pressure, aggravated by movement, or the upright posture, diminishing in intensity from the fifth dorsal vertebra to the lumbar region, Suspecting renal trouble, I examined the urine,

and found it showing an excessive acid reaction; and to my surprise, loaded with phosphates to the extent of one-fourth, on settling in the test tube.

The patient had been taking the hypophosphites of lime and soda for some time; indeed, a large variety of tonics had been tried; so I placed her on a mixture containing liquor strychniæ, citrate of iron and quinine, with syrup of lemons in effervescence, three times a day. The general health improved steadily, and the quantity of the phosphates lessened gradually; but, as the local pain was only alleviated by the sedative liniments and embrocations ordered, I employed Corrigan's hammer or *bouton*, at the temperature of boiling water, briskly over the painful area, producing rapidly deep purple redness, but without vesication. The effect of this treatment was most satisfactory, both on the general and local conditions. I had to repeat the counter irritation with the *bouton* four times in all before the spinal hyperæsthesia had entirely disappeared. The phosphates disappeared from the urine entirely. The diet in this and the other cases was simple and non-stimulating; milk, farinaceous and egg puddings, fish or meat once a day. No stimulants, except a glass of port wine in a breakfast cup of arrowroot at bedtime.

What I would now especially draw attention to in connection with the cases just described is the remarkable identity exhibited: 1. In the predisposing temperamental or diathetic conditions; 2. In the exciting cause, pointing to exhaustion of nerve force; 3. In the general symptoms, including the entire absence of all hysterical phenomena; 4. In the seat and character of the local morbid manifestations: 5. In the absence of febrile movement: 6. In the invariable phosphatic condition of the urinary secretion; 7. In the condition of the vascular system, indicating local plethora or passive venous congestion in the seat of pain; 8. In the absence of any evidence of peripheral irritation sufficient to set up a reflex pathological action or process in the spinal cord; 9. In the rapid and regular resolution of the morbid phenomena, under treatment based on the indications as above stated, and mainly directed in an active form to the central seat of their manifestation.

I venture to deduce from the observations thus formulated: (1) that we may have cases of so-called irritable spine (which term I prefer) present as a primary or idiopathic morbid condition entirely independent, so far as reflex nervous action is concerned, of peripheral excitation; (2) that the sanguineo-lymphatic temperament is the usual predisposing diathetic cause; (3) that exhaustion of nerve force, especially through the brain, is the common exciting cause; (4) that it is not inflammatory in nature, nor accompanied by pyrexia; (5) that the vascular system, probably through the vaso-motor nerves, is principally involved in the production of the objective phenomena; and (6) that the affection or disease itself consists essentially of a passive congestion of the venous plexuses within the vertebral canal, which induces pressure on the nervous structures to which they correspond, either directly from increase of calibre from dilatation, or indirectly from inducing a certain amount of local œdema in the spinal membranes. This theory of the pathological anatomy of one form at least of irritable spine is, of course, in the absence of any opportunity of post-mortem examination, based entirely on a study of the symptomatology of the affection, and as such only it is brought forward on this occasion.

Rules for the Treatment of Croup.

The following rules are laid down by Dr. W. H. Day, as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879):—

The temperature of the room should not be lower than 65°.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of a successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony is our sheet-anchor as a medicinal agent; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered primæ viæ, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a

favorable termination; and we should then begin, if not before, to support our patients with good beef-tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

Treatment of Scabies.

In a paper in the *British Medical Journal*, October, Dr. Robert Liveing writes—

With regard to the treatment of scabies, errors sometimes occur. The one which is by far the most common I have already indicated, namely, that of using a sulphur ointment too strong, and of continuing its use too long. Of all remedies, not one is so effective as sulphur ointment properly applied. An ointment half the strength of that of the *British Pharmacopœia* is quite strong enough, and the best time to use it is at night, when it should be rubbed all over the body, except the head, but especially on the hands, buttocks and lower part of the abdomen, and then the under clothing used during the previous day, namely, socks, gloves, drawers and jersey, should be worn during the night; this thoroughly disinfects the clothes, and at the same time keeps the ointment well applied to the skin. In the morning, a warm bath may be taken, and no treatment followed during the day. For three nights the process should be repeated, but never longer; subsequently a little ointment should be well rubbed on the hands, wrists and buttocks for a few nights. All treatment should then be discontinued for at least a week, when, if necessary, it may be repeated for one or two nights, or a milder ointment might be used. It is sometimes difficult to say whether a case of scabies is cured or not; under these circumstances, it is very convenient to use an ointment which does not irritate or annoy the patient by its disagreeable smell, and which at the same time will complete the cure. A most excellent ointment of this kind is made with balsam of Peru (℥ij ad ℥j). The styrax ointment is also thoroughly effective, but less disagreeable.

With regard to sulphur baths, I would say that they are not nearly as effective as sulphur ointments. I lately ordered sulphur baths (as being more agreeable than ointment) for a pupil of my own who was suffering from scabies; he took six or seven, and then came to me much better, but not cured; I advised more baths, but did not see him again. He had in all about fifteen baths, and then went home to the country, thinking himself cured; unfortunately he was not, and he conveyed scabies to his family. This is not the first time that I have found sulphur baths fail. They are, however, useful under certain circumstances; it may, for example, be very inconvenient to apply sulphur ointment at night. Again, in cases where there is much secondary eczema set up, with extensive excoriations, the application of sulphur ointment is very irritating. Under these circumstances, it is very useful to begin with a few baths, which generally produce an excellent effect; this may be followed up by the application of ointment to those regions known to be specially affected.

Lastly, with regard to disinfecting outer clothes and bedding, it can be easily done by sulphur fumigation or baking. In all cases of long standing the clothes, blankets, etc., should be disinfected, but it is never necessary to extend this to the bed itself.

Euonymin as a Cholagogue.

Dr. W. M. Collins, of London, writes to the *Lancet*—

Having recently made a trial of euonymin in some cases of hepatic derangement, with defective secretion of bile, I am induced to offer a few brief remarks on its action as a cholagogue.

Euonymin, which has lately been brought into notice by the experiments of Dr. Rutherford, as a hepatic stimulant, is a resinous substance obtained from a species of euonymus (wahoo bark). It differs from most of the ordinary so-called cholagogues, in not producing any intestinal irritation, its action on the liver being direct. It, therefore, does not give rise to the colicky pains and discomfort which so often attend the use of podophyllin, and which tend to prove that the latter drug acts only indirectly on the liver by the irritation it sets up in the duodenum, for which portion of the intestine it has a special affinity. Euonymin is particularly serviceable in cases of hepatic dyspepsia, or what are commonly called attacks of "biliousness," with furred tongue, pale stools, lassitude, and general *malaise*, and under its use the tongue cleans, the stools become darker, and the feeling of languor and heaviness disappears. Its action is slow, and its effects experienced most about forty-eight hours after it has been taken. In too large or too frequent doses it may cause some depression. It may be given in doses of two grains twice or three times a week, in pill, before dinner or at bedtime, or one grain on consecutive days before dinner for about a week. It may be prescribed with extract of hyoscyamus, or better still, with a few grains of the compound rhubarb pill, as it is a feeble intestinal stimulant itself, and requires the combination of some more active aperient, or else the administration of a saline aperient in the morning after. In most classifications of remedies met with in therapeutical works there is no special division made of cholagogues, but those remedies which are supposed to act on the liver are classified under other heads; *e. g.*, podophyllin is included with the cathartics, and, perhaps, properly so, as this remedy only exercises a secondary action on the liver by catharsis. But euonymin, and probably iridin also, as shown by the recent experiments of Dr. Rutherford, may be considered as true cholagogues or hepatic stimulants, since they act directly on the liver.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a pamphlet of 12 pages, Dr. Clifton E. Wing, of Boston, details a case of complete inversion of the uterus, and adds some remarks upon the modern treatment of chronic inversion.

——The extirpation of the ovaries for certain disorders of menstrual life is discussed with great care by Dr. William Goodell, in a reprint before us. He concludes with the observation: The operation of spaying is yet in its infancy, and time is needed to develop its resources. But I cannot help feeling that in carefully selected cases it will prove the sole means for curing many mental and physical disorders of menstrual life which have hitherto baffled our science and are a standing opprobrium to our profession.

——Elmer's Physician's Handbook for 1880 contains a large amount of reading matter (135 pp.) such as those physicians who are not very well grounded in their profession, or those whose memories are naready, often find of service; as a classification of diseases with symptoms, sequels and complications, lists of poisons and antidotes, incompatibles, index of diseases, weights and measures, abbreviations and definitions, etc. It is bound in morocco, pocket-book form, with tucks. Price $1.75. Published by W. A. Townsend, New York City.

BOOK NOTICES.

Outlines of the Practice of Medicine; with Special Reference to the Prognosis and Treatment of Disease. By Samuel Fenwick, M.D., etc. Philadelphia, Lindsay & Blakiston. Crown 8vo, cloth, pp. 387. Price $2.25.

Dr. Fenwick, whose name is favorably known in this country by his work on Diagnosis, attempts in the present volume to remedy that prevailing defect in medical education, of adopting physical diagnosis as a basis for treatment rather than symptomatic indications. He begins by laying down a number of general rules for treatment, as that we should remove the cause, watch the heart and nervous system, give rest and liquid food in acute disease, etc. He passes to the means we have of accomplishing such results, as cardiac stimulants, inhalation, aspiration, venesection, the digestibility of different foods, the forms of indigestion, cholagogues, baths, etc. As these are described, he explains their applications in various diseases and conditions, and extends the discussion to the other means of treating these maladies mentioned. In the last chapters syphilis, gout, anæmia and some other constitutional diseases, are particularly discussed. The work closes with a few pages of formulæ, which are referred to in the text; not many of which appear to be novel or meriting special comment.

Although the arrangement is not the most convenient one, there is a great deal of instruction to be got from the book, and by presenting his subject from a side not generally regarded, the author secures the reader's attention, and succeeds in bringing forcibly to his notice points in medical practice often overlooked.

Lectures on the Diseases of the Nervous System. Delivered at La Salpêtriere. By J. M. Charcot, Professor to the Faculty of Medicine at Paris, etc. Translated from the second edition by George Sigerson, M.D., etc. Philadelphia, H. C. Lea. One vol., cloth. 8vo, pp. 271.

Professor Charcot has rapidly taken a position as a leader in the study and the teaching of that most difficult branch of nosology, the diseases of the nervous system. His opportunities for seeing extraordinary cases at the great hospital of La Salpêtriere is unrivaled; and, happily, he knows how to make the best use of them. His lectures have been reported, and translated in many journals and in many languages, and the selection we have in the volume before us will not fail to be read with the deepest interest by all neurologists. They are on those branches of the general subject of neuro-pathology, disorders of nutrition consequent on lesions of the brain and spinal cord, paralysis agitans and disseminated sclerosis, and hysterical affections. These are illustrated both by the details of clinical cases and citations from numberless contributions to the literature of the nervous system. The theoretical explanation usually follows, which is advanced with clearness, and defended vigorously, though M. Charcot is always ready to acknowledge the insufficiency of our present knowledge of the intimate structure and functions of the nervous system.

The third part, on hysteria and hystero-epilepsy, will be read with more general interest than the other chapters. The astonishing manifestations of such patients, almost exceed belief, and often throw curious side lights on social questions. Nothing is said of metallo-therapy in this book. Its illustrations are hardly passable, inferior to copies we have seen in other books.

THE

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THE DISCOURAGEMENT OF SUITS FOR MALPRACTICE.

In spite of all that has been said from time to time on the subject of expert evidence, there is little chance that any change will be made in it in this country; and just so long as a party, plaintiff or defendant, has a fifty dollar bill to spare, he can hire some very eminent physician to back the side desired by a vast display of medical erudition. It is bad enough when the question at issue is outside of professional relations, but when it comes to a case of alleged malpractice, the fact that medical men are got so easily, and swear so glibly, to aid in the destruction of another's reputation prompts one to cry out shame! For the credit of medical men, as a class, a check should be put upon this, and we applaud the action of the Medical and Surgical Society of Baltimore for taking, so far as we know, the first steps in the matter. This was in the form of the following resolutions, which were unanimously adopted at a recent meeting:—

"WHEREAS, There have occurred, of late, several instances of unjust and unwarrantable prosecution of members of the medical profession for alleged malpractice, with the evident intention of mulcting them for damages; we deem it advisable, for the protection of the profession, to urge upon them not to lend aid or countenance to any such efforts by unguarded expressions or opinions. Therefore be it

"*Resolved*, by the Medical and Surgical Society of Baltimore, That as physicians and surgeons we will not aid, abet or encourage any proceedings favoring suits for malpractice against members of our profession who are in good standing.

"*Resolved*, That we will uphold the dignity and honor of the profession under all circumstances, and support and sustain its members when shadowed by unjust demands or assailed by unworthy asseverations.

"PROF. A. B. ARNOLD, M.D.,
"DR. T. B. EVANS,
"DR. J. J. CALDWELL,
"*Committee.*"

There is nothing unfair to the public in such action. It is safe to say that nine-tenths of the suits for alleged malpractice have absolutely no real basis whatever; but all who know the arts of unscrupulous lawyers, and the ignorance of juries, are aware of the liability of loss to the innocent defendants. Physicians themselves are often to blame by injudicious or ill-natured criticisms of each other's cases. They plant the germ of dissatisfaction in the minds of patients or their friends, which these are glad to carry out, to the extent of a suit for damages, as soon as opportunity presents itself.

It were desirable that other societies should follow the example here set, and adopt resolutions discouraging the aiding and abetting these suits. Many cases of great and unmerited hardship have been reported, where worthy men have lost heavily in pocket and reputation, after they had done the best possible with cases under their care. Most frequently, it is the unwillingness of the patient to follow directions that leaves him a cripple; but this it is naturally impossible for the physician to prove. If he is to have protection at all, he should have it from his professional brethren.

THE TREATMENT OF DYSCRASIÆ.

Under the terms "cachexia," "diathesis," or "dyscrasia," are understood morbid tendencies which individuals inherit from their ancestors or acquire early in life. It has been squarely denied that any of these words are proper, or that what they refer to should be recognized as separate morbid phenomena. True enough, it is not at all easy to define what condition they do include, but for all that, these tendencies are real, and are so acknowledged by most men of experience. BILLROTH calls them "dyscrasiæ," and we accept his word as good as another.

Of late years the importance of studying this subject, in order to institute prophylactic measures when alone they can be of much use, that is, early in the life of the child, has been appreciated more and more. Not long since a writer in the *Lancet* urged the subject upon the attention of readers. He showed that at present little or nothing is done in that direction. Children are tolerated or spoiled by their parents and natural protectors. The "doctor" is duly consulted when anything ails them, but there is no continuous and earnest endeavor to prevent or repair the mischief hereditary disease has already done in the organism, or to check the occult evils which are preparing the way for future sorrow.

If only for the sake of the individual as distinguished from that of the race, the utmost that science can do to blight the germs of disease in the young is demanded and would be requited in later years. Something more than the mere treatment of "ailments" and "children's diseases" is needed to give full and adequate expression to the laws of health as already formulated, and more would be learned about the prevention of disease if the phase of development to which we allude were scientifically studied and practically cared for. It is in the interests of health, mental and physical, with a view to the future of the individual life, the practitioner needs to concern himself, but while earnestly laboring within the boundaries of this limited purpose, he may contribute no mean share of help to the greatest human policy—the moral and physical improvement of the race.

To work in this field intelligently, we must first ascertain how strong the heredity is in the various diseases and neuroses; nor should the investigation be confined to physical depravity merely. The solidarity of health and morals is too well known now to permit of the physician ignoring the legacy of evil moral traits from unwholesome physical conditions in the parent.

Much that has been confidently asserted on this subject will have to be reëxamined. Take the common belief in the connection between drunkenness in parents and disease in children. Recently, Dr. F. F. BROWN, of Massachusetts, has made some new inquiries on these points:—

(1.) As to intemperance in parents tending to implant marked appetite for alcohol in their children. (2.) As to intemperance in parents tending to produce disease in their children by heredity, apart from the influences of privation and exposure to which such children are peculiarly liable. (3.) As to the effect on nurslings of the use of malt or stronger liquors by their nurses. He found the general opinion to be that the children of intemperate parents inherit an unusual appetite for intoxicating liquors and drugs, and a number of physicians gave instances in their own experience sustaining this opinion. Their experience also furnished many instances corroborating the impression that the children of drunken parents are peculiarly liable to hereditary disease, especially to the neuroses running from neuralgia to idiocy. But as Dr. BROWN points out, the question still remains whether appetite for alcohol may not be an evidence of this neurotic taint in one generation, which in a later generation manifests itself in chorea or insanity, instead of drunkenness being the origin of all. He does not believe, therefore, that it is possible to state with approximate correctness how strong the heredity is.

In a similar manner, tuberculosis is often said to be hereditary in certain families. But how often must we eliminate families in whom an unfavorable location or habit of life strongly

tends to bring on the disease, generation after generation, without the intervention of the factor of heredity at all?

Gout is one of the hereditary diseases. But how many attacks are produced in the sons of gouty fathers by the same indulgences which their fathers practiced, and which would develop it in the children of almost any man? It is occasionally a comfortable doctrine to teach that the sins of the fathers are visited on the children unto the third and fourth generation; it is a pleasant method of self-exculpation to put the blame of our misdeeds back a generation or two. They are not here who would chide us with the falsity of the charge, and point to the slips in our own conduct, which offer a nearer and likelier explanation.

Confining the dyscrasiæ to what they are properly responsible for, therefore, there is, as already observed, a field for preventive medicine which should be diligently cultivated by the medical philanthropist. It is difficult to gain the attention of parents to such a point, and the motives of the suggestion are liable to misconstruction. But these are obstacles that patience and tact will overcome, and they should not be allowed to stand in the way of the performance of duty. In private families the necessary training can often be done at home; but on a large scale it could only succeed by a vast scheme of colonizing children in small detachments, in healthy rural localities.

Notes and Comments.

Therapeutical Notes.

TASTELESS SALINE PURGATIVES.

In the *Paris Médical*, August, 1879, Dr. Yoon recommends the following combination as almost concealing the disagreeable taste of Epsom salts:—

℞. Magnesii sulphatis, ℥ v
Essentiæ menthæ, gtt. iij. M.

To be dispensed in a very little water.

TREATMENT OF PROSTATIC ENLARGEMENT.

Ergot internally is strongly advocated in this complaint by Mr. R. Harrison, in the *Lancet*. He sums up all treatment by saying that the great point to aim at is to secure healthy urine, and this is attained by tying in an elastic catheter, and allowing the urine to pass away as it is secreted, until it becomes healthy, and then draw it off at regular and gradually prolonged intervals.

AMMONIO-SULPHATE OF COPPER IN NEURALGIA.

In neuralgia of the fifth pair, Prof. Féréol, of Lyons, believes he can report good results from the following:—

℞. Cupri ammonio-sulphatis, gr. ij–iij
Syrupi florum aurant., f. ℥ j
Aquæ destill., f. ℥ iij.

One-third of a dose, three times a day.

It gives a fetid odor to the breath, which should be disregarded.

OVARIAN DYSMENORRHŒA.

The following combination is well spoken of in the *Medical Brief*, by Dr. Pattee, in the above disease:—

℞. Tinct. pulsatillæ,
Tinct. aeteæ albæ,
Tinct. cimicifugæ, āā gtt. xv
Aquæ, f. ℥ iv.

A teaspoonful three or four times a day.

WHOOPING COUGH MIXTURE.

In pertussis, Dr. Pollak, of Austria, recommends, for insufflation—

℞. Quiniæ tannatis,
Sodii bicarbonatis, āā 5 parts
Pulv. acaciæ, 100 parts.

Use with an insufflator.

Albuminuria with Healthy Kidneys.

Dr. Edlefsen, in the *Mittheilungen f. d. Verein Schlesw.-Holsteinsch. Aerzte*, 2, 1879, draws attention to the occasional occurrence of albuminuria where the kidneys undoubtedly are healthy and remain so, as is shown by the fact that the albuminuria is only transient, and always occurs after violent muscular exercise, as, for instance, rapid walking, while the urine is free from albumen after rest. It occurs chiefly in anæmic individuals, and usually disappears after a prolonged use of iron. Bearing in mind that in the cases reported by Leube muscular activity likewise caused, or at least favored, the separation of albumen from the blood, and its secretion by the kidneys, the author next asks what effect muscular exercise has on the general circulation, and particularly on the blood pressure in the renal vessels. If the increased flow of blood outward, caused by muscular activity, diminishes the supply to the internal organs, and consequently the pressure in the arteries of the renal glomeruli, then the more prolonged the muscular exercise, the more marked will be whatever change

in the secretion of urine a diminished pressure in those vessels may produce; and in people who, in consequence of anæmia or any other cause, suffer from a relative insufficiency of the heart's action, the proportion of the blood supply to the kidneys during muscular activity will be still less favorable. Now, Runeberg found that, contrary to general opinions hitherto held, in the filtering of albuminous solutions through animal membranes, albumen will pass through faster the less the pressure in the filter, or the greater the resistance around it, and this fact may account for those in any other way apparently unexplainable cases. The author closes with the remark that, as life insurance companies at the present time, with propriety, inquire whether the urine is free from albumen or sugar, the examining physician should, where albumen is found, always try to discover whether it might not be in consequence of prolonged muscular exercise.

Abortion through Sympathy.

It is well known to veterinarians that among cows abortion prevails apparently through sympathy, becoming epidemic in herds. The following case, reported by a writer in the *British Medical Journal*, looks as if the same thing may occasionally occur in the human species. He writes—

Some days since I was hurriedly sent for to see a woman, wife of a small tradesman, who was said to be violently flooding. On my arrival, to my surprise, I found *two* women in the one bed. The one for whom I was especially sent was said to be now easier, and free from flooding but that the other (her sister) was very bad, her "womb having come down" suddenly, while looking after her sister. Upon examination I found a three months' fœtus born, all but the head. I removed the child and placenta, which followed immediately, and turned to my other patient, and found that she, too, was miscarrying, and at about the same period of gestation.

On the Diagnostics of Kidney Diseases.

M. Litten states, in *Charité Annal*, IV, that circumscriptive shriveling processes are relatively frequent in the large white kidney. He then gives a detailed account of three cases which, during life, presented the following symptoms: In all three an abnormal quantity of clear, light-colored urine, mostly free from sediment, and of a low specific gravity, was voided; in all three there was hypertrophy (eccentric), of the left ventricle; and in every case the retina presented the peculiar appearance of albuminuric degeneration, with hemorrhagic spots. In one case there was cerebral hemorrhage, and in another repeated attacks of uræmia made the diagnosis more certain. Œdema, with the presence of a large amount of albumen and morphological substances in the urine, all pointed to a parenchymatous nephritis.

The post-mortem examination disclosed, in all three cases, the large white kidney.

The author then discusses the several symptoms, in order to show that, in the future, it will be possible to diagnose correctly similar cases during life. He finally closes his communication with the remark that in the course of the so-called parenchymatous nephritis well marked eccentric hypertrophy of the heart sometimes occurs quite independently of any secondary shriveling, and that this gives an entirely different character to the symptoms of the disease combined, reminding one more of the granular atrophy than of parenchymatous nephritis.

The Formiate of Sodium as a Defervescent.

M. Arloing, of Paris, recently reported to the Academy of Medicine some experiments with this salt, showing that it lowers the animal temperature in a marked manner. It is poisonous when the dose exceeds one gramme to the kilogramme of the living weight of the animal. The effects he describes assign to formiate of soda a place among defervescent remedies. This compound is therefore pointed out by M. Arloing to the attention of physicians, who might employ it in a certain number of cases where the action of salicylate of soda is feared, for the formiate does not congest the kidneys, like the salicylate, and does not modify the heat so profoundly as this latter substance.

Starving out Cancers.

At a late meeting of the Leeds, England, Medical and Chirurgical Society, Mr. J. W. Teale read a case of quiescent scirrhus. The patient was an unmarried lady of 35. A cancer formed in her breast, causing retraction, and ultimately, the loss of the nipple; it ulcerated; some axillary glands enlarged, and the patient seemed about to die. But, in consequence, as it seemed, of the small quantity of food taken by the patient, the cancer was "starved." It atrophied slowly; and now, nine years after its first appearance, there was nothing but a hard cicatrix left in the breast and axilla. Cases more or less similar were related in the discussion which followed.

Dampness of Soil as Productive of Phthisis.

Recent studies of this subject, in England, have abundantly confirmed the opinions of Bowditch and Buchanan, that there is a constant relation between dampness of soil and phthisis. An English writer justly remarks that, without denying the determining and sometimes fatal influence of hereditary tendency, yet it is no less an assured induction from a vast number of observations, not now recent, that the continuous breathing of a damp, sodden and devitalized air has much to do with the promotion and development, if not the distinct origin, of this disease. In it we have, throughout the country, the outcome of overcrowding, the deficient drainage of the foundations of houses, absence of spouting, and inattention to the ventilation of living rooms and workshops. All these matters are within easy scope of the powers of sanitary authorities, and attention to them has fortunately as much a tendency to the preservation of property as to the preservation of life. By every effort made for the improvement of the drainage and ventilation of domestic premises, we are aiding in the abatement of a painful and pauperizing complaint, now far too prevalent throughout civilized communities.

The Diet in Convalescence from Typhoid Fever.

The caution cannot be too often given to patients and their friends, that the appetite which appears in the convalescence from typhoid must be most discreetly indulged. In the Medico-chirurgical Society of Montreal, lately, Dr. Reddy mentioned a case which had been under his care in the hospital two years ago, where death took place from a relapse following a large meal of mutton chops. This patient had been well for three weeks. The post-mortem showed a perforation not larger than a pin's head at the bottom of an ulcer.

Correspondence.

"Constitutional Taints."

Ed. Med. and Surg. Reporter :—

A few facts relative to "constitutional taints" suggest themselves to the writer, more especially when taking a retrospective view of his past studies, coupled with a few years of practical medicine, and it may not be improper for him to mention here that it is not his intention to give a full résumé, but to epitomize the subject, or rather touch upon the more salient points.

A few years ago, while yet within the walls "de médecine," it occurred to the writer that the so-called constitutional diseases were but few, and that the discovery of a single case was almost an exception to a general rule, although he remembered well the time-honored custom of putting questions to a *malade*, what did your father, or, as the case may be, your mother, die from? Was your father in the war, and so on? And the prescriptions were generally formed from the information thus obtained. And this course, pursued then by the most learned teachers, appeared to me empirical. But long since have they been accepted by the writer as well directed inquiries, and hence the iodides, with mercurials, invariably entered into the compounds as the most important ingredient. In truth, this prescription became as familiar to the class as did the prescription of Dr. Rush, 10x10, and to-day I say that a physician's armamentarium is incomplete without these most valuable remedies. I do not wish to be understood that I am so skeptical of pure blood that I deny the probability until proven; this is too much the status of the social world to-day—not accepting every man as a gentleman until proven otherwise, but, on the contrary, we ought to presume his gentility. So, also, we, as medical men, ought to let the mantle of charity fall upon our *malade*, although the Bible clearly elucidates the fact that the sins of the father shall visit his third and fourth generation. And now, from all the information and research on this point, obtained from special as well as collateral science, I am almost persuaded to the opinion of our most learned Prof. Gross, that syphilis is the father of most of the bad blood; thus, cancer, scrofula and consumption are nothing more or less than a remote outcropping of a predicate that has been laid in the past, to wit, the contraction of syphilis. It is an admitted fact that all these diseases arise from a dyscrasia of the blood, and that they have a predilection for the different organs of the system; for instance, phthisis the lungs; cancer the muscles; and scrofula the joints; these are not their invariable, but favorite seats. When the lungs are the weakest the dyscrasia attacks them, and it is called phthisis pulmonalis; the muscular system, cancers of various types; the joints, white swelling or scrofula.

All these diseases are classed by most writers, as Stillé, Trousseau and Niemeyer, as incurable but treatable diseases; but how often have I heard that dogmatic expression fall from the lips of a so-called Æscupalius, in boasting of the cures perfected on consumption, cancer and such like affections. I assert that it is just as impossible for the Ethiopian to change his skin, as to cure a subject of constitutional taint, because the disease itself is a part of the system. It is true, I grant, you may remove the cancer with the knife, the parts heal, and to all intents and purposes the disease be cured, and the patient live an indefinite length of time, and perhaps die from some other disease; yet all this does not prove that the disease has been eradicated, though it does certainly prove that the subject has enjoyed a respite from the dyscrasia. Yet the system is the same, and the materies morbi there still. Just so with rheumatism, which depends upon a too acid condition of the blood. It is treatable by the administration of alkalies, but when you suspend the treatment the same mor-

bific influence arises, and begets anew the train of symptoms that characterize this well known affection. Several remedies have enjoyed quite a celebrity in possessing curative properties over rheumatism, but they have all had their fashionable time and place: and to-day the alkalies stand preëminent. Just so with cundurango, which, a few years ago, was believed to cure cancer. This drug was purchased at the most fabulous prices: but to-day it is scarcely worth its mention as a new remedy. And as to consumption, we know that climatic influence exercises more control over this affection than remedies; still the hyposulphites, cod-liver oil and iodine possess valuable properties in retarding the disease, and thereby relieving the patient. Also, in the incipiency and for the distressing cough that so frequently attends this disease, yerba santa is, in my opinion, most worthy to be classed among the so-called remedial agents. And scrofula, also, is medicated only by the alterative plan of treatment, which embraces the vegetable and the mineral alteratives. And now, in drawing this subject to a close, and viewing it from this standpoint, which I presume is tenable, I ask the question, when will there be a restriction to this widespread and gradually increasing infirmity of the American people? Not until there shall be a registration of every inmate in every bawdy house, and a license granted them to pursue their so-called occupation, and a medical examiner appointed, whose duty it shall be to make private inspection bi-weekly, and to separate the unfortunate ones, until they convalesce, at the discretion of the medical examiner.

Paris, Texas. E. W. Rush, M.D.

Case of Adherent Placenta after Miscarriage; Profuse Hemorrhage; Removal under Chloroform, by the Entire Hand in the Vagina.

Ed. Med. and Surg. Reporter:—

Mrs. R., the mother of several children, on November 25th, when two and a-half months pregnant, lifted a heavy pot from the fire. Two days after she miscarried, and she was sure the placenta came away with the fœtus. She then got up, and continued moving about until November 30th, when she had a flooding. On December 1st I was called in, and found her very weak; any movement produced giddiness, and there was a continuous slight hemorrhage. Ergot and rest were ordered, which checked the hemorrhage at once. On December 4th there was some return of hemorrhage, which continued until December 5th, with great weakness and faintness. An examination was now made. The vagina was filled with clots, the os uteri widely open, and completely relaxed, and the placenta attached to the fundus. I at once injected twenty minims fluid extract of ergot (Squibb's) into the arm, and having procured the assistance of Dr. Ashby, who administered the anæsthetic, I introduced my hand within the vulva, which was very easy to do, owing to the complete relaxation of the perineum, and with my fingers peeled off, piecemeal, the very firmly attached placenta from the anterior part of the fundus. The organ was very flaccid and indisposed to contract. We now placed a sponge, saturated with vinegar, against the os, gave her an ounce of whisky, and ordered the ergot to be given freely. Milk punch and Valentine's Meat Juice were administered at frequent intervals. I was much struck with her expression in regard to the latter; she said that every time she took it it seemed to give her new life. There was no further hemorrhage of consequence, and to day, December 17th, she is dressed and sitting in the room adjoining her chamber, although still quite weak.

She estimates the amount of blood lost at one gallon, and I think this is, perhaps, a low estimate. A feature in this case, suggestive of pyæmia, but without other symptoms to corroborate such a diagnosis, and therefore set down as rheumatic, was pain and tenderness about the left shoulder and elbow, with inability to move the arm. This symptom appeared on December 8th, when the pain extended to the side of the chest, near the axilla. She complained also of soreness in her hips, and some loss of power over the lower extremities. These joint symptoms have almost entirely disappeared. She has been subject to rheumatic trouble. The temperature has never reached 100° Fahr., averaging about 99⅘°. With the view of preventing the occurrence of pyæmia, she was kept, from the first, under full doses of quinine, and a solution of carbolic acid injected, twice daily, into the vagina.

The lesson to be learned from this, to me instructive, case is plain: never to trust a patient's statement no matter how experienced she may be, as to the expulsion of the placenta, especially after miscarriages; and if there be unusual or recurring hemorrhage, to cast aside all motives of delicacy, and insist upon an immediate examination. It further teaches us the ease with which an adherent placenta may be detached. Having had no occasion, in a practice of ten years, to perform this operation, I infer that it is not common, and this report may prove useful, under similar circumstances, to some of those who read it. Eugene F. Cordell, M.D.

Baltimore, December 18th, 1879.

Record of Three Hundred Cases of Midwifery.

Ed. Med. and Surg. Reporter:—

The *British Medical Journal*, of September 30th, 1879, published a summary of a large number of consecutive cases of obstetrics, occurring in the practice of Dr. W. Whalley, of Bradford, England.

Having a complete record of 300 cases of midwifery, occurring in my own practice, I thought perhaps a similar statement might be of some interest to the readers of this journal, therefore I have adopted Dr. Whalley's order of a report.

There were three breech presentations, of which two infants were still-born. Footling cases occurred three times. The arm presented three times; one of these infants was still-born. The face presented once. The funis with head and hand presentation, occurred twice; one infant being still-born. The funis with breech presentation occurred twice, one infant being still-born. There were two complete and one partial placental presentations. The placenta was retained from hour-glass contrac-

tion in two cases; and from morbid adhesion in two cases. In one instance the funis was coiled three times around the neck of the child. The long forceps were applied fourteen times, in which seven infants were still-born. Craniotomy was resorted to in two cases. Podalic version was performed in three cases. There were four cases of twins, of which two infants were still-born. In two cases the head presented in both children. In two cases the first child presented by the head, and the second by the feet. In two cases the children were both males; in two cases they were both females. In all the cases the second child followed the first within an hour. Accidental hemorrhage occurred in three cases; post-partum hemorrhage in five cases. Rupture of the perineum, requiring surgical interference, happened once, and was successfully treated (at once) by quilled sutures. There were two cases of convulsions, both recovered. Deformity of the pelvis occurred in four cases. In one patient fourteen years had elapsed since her last confinement. Of the total number of women delivered, five died, of puerperal fever. There were twelve cases of puerperal fever, seven of which recovered. Two children were born with talipes calcaneus; two with imperforate anus; both died after operation. One was born with clubbed hands and feet. There were five cases of nævi: one was cured by nitric acid, and four by ligature. Phlegmasia dolens occurred twice; in one case the clitoris was so large as to require the use of forceps.

JOHN C. HOLMES, M.D.

Cranbury, N. J., December 20th, 1879.

Placenta Prævia in a Primipara.

ED. MED. AND SURG. REPORTER:—

According to statistics of Professor Schwarz, there were, among 519,328 childbirths, 332 placenta prævias, making one in 1564 births. Professor Simpson saw, in 136 cases of placenta prævia, one in a primipara; so I consider it my good fortune to have a case of the same to report.

I was called, November 8th, to see Mrs. A. H., aged 22 years, somewhat over six months' pregnant, who, according to statements of her husband, was threatened with miscarriage; I made no examination, enjoined perfect rest of body and mind, and did not hear from her until November 15th; from that day until December 2d slight hemorrhages would occasionally take place, which would disappear when the horizontal position would be kept up for a few hours. December 2d, I made an examination and found that I had a placenta prævia centralis to deal with. From that day until the morning of the 16th of December I had to use tampons, which I would leave in the vagina from twelve to twenty-four hours, with a view of arresting the hemorrhage and dilating the os uteri. December 16th, after removing the tampon, I found the os sufficiently dilated to insert two fingers; I at once administered chloroform, and after severing the adhesion of the placenta from the uterus, succeeded in making the version on one foot, by combined internal and external manipulation, after the manner of Professor Braxton Hicks; a slight traction on the foot made the thigh act as a tampon from above, which completely arrested the very excessive and almost exhaustive hemorrhage; I then brought the other foot down, and terminated the delivery of the lifeless fœtus by the Smellie-Veit manipulation, and after removing the placenta, arrested the hemorrhage completely; the threatening fainting spells were kept off by removing the pillows from under the head and administering iced champagne.

To-day, December 26th, I discharged my patient, perfectly well, and gaining her former strength rapidly.

M. PERL, M.D.,

Houston, Texas.

NEWS AND MISCELLANY.

The Yellow Fever in New Orleans.

—The total number of cases of undoubted yellow fever which occurred in New Orleans in 1879 was 41, all white. The deaths were 19. Dr. Joseph Holt says of its origin: "There is not the slightest evidence upon which could be founded a suspicion that the infection was brought into this area by importation of any kind; but on the contrary, the whole weight of testimony is in favor of the opinion that it was engendered spontaneously, from local causes."

The Metric System.

Under the heading "Metric Campaign of 1879," Dr. Edward Seguin, of New York, issues a four-page circular, which gives, in brief, a record of what has been done to advance the metric system during the past year. In this connection we may mention the action of the Philadelphia County Medical Society, in inviting Prof. Joseph Remington, of the College of Pharmacy, to lecture before them on last Monday evening, on the Metric System. His demonstrations of the value of the ounces and other weights of the old method was alone sufficient to convince the most skeptical as to the need of a change to something of more uniformity.

Again, we may allude to the confusion just now constantly occurring, as we read of the cold wave passing over Europe. We read of the thermometer being at so many degrees below zero. But when we know that the records are not taken according to Fahrenheit, but on a scale which gives zero as the freezing point, we do not find a temperature of 15° or 20° below zero so very alarming. Give us uniformity, by all means.

Personal.

—The eminent dental surgeon and manufacturer, Dr. S. S. White, died suddenly, in Paris, France, December 30th, in the fifty-eighth year of his age. He was the most successful manufacturer of instruments and artificial dentures in the world.

—The *Press* says that the indications are that Dr. L. W. Read, of Norristown, will be the superintendent of the new Insane Asylum for the Southeastern district of Pennsylvania.

Items.

—Any physician who wants to purchase a house and lot, in a healthy portion of Chester county, Pa., and succeed to a practice approaching $2000 a year, can hear of such an opportunity by addressing the editor of this journal.

—In the village of Lintorf, near Dusseldorf, Germany, an asylum for inebriates of the better classes was recently opened. The accommodations were only for 20 inmates, but before the institution was ready to receive them, 135 applications had been made! This promises well for business.

—Smallpox, which had not been in this city for two years, made its appearance two weeks ago, in the Twenty-fifth ward, and four deaths resulted, all of which were in the same neighborhood (Rosehill street). The disease has also broken out with some severity in Washington city.

—An example how memory is not necessarily a high faculty of mind, is illustrated in one of the children in the Pennsylvania Training School for Feeble-minded Children, in Delaware county. So retentive is his memory that, after listening to a sermon or other discourse, he is able to repeat it verbatim, even to the intonations of the speaker.

—The Michigan *Medical News* defends the custom of physicians receiving percentages from druggists. It claims that it is "necessary for the doctor to resort to this questionable means of self-defence," when he has patients who do not pay him. It wants no more "moralizing" on the subject. Queer kind of ethics to preach, that.

—The latest theory of cancer is that it arises from constituents secreted by the testicles and ovaries, and deposited in certain tissues. Castration and ovariotomy are suggested as preventives. Mr. Robert Mitchell, M.R.C.S., London, is responsible for this theory, and he has written a good-sized book to support it.

—The Iowa State Medical Society will meet at Des Moines, January 27. The session will be one of more than ordinary interest. In addition to the professional papers action will be taken relative to several changes in the Constitution and By-Laws, and reports will be presented relative to the establishment of a State Board of Health and the regulation of the Practice of Medicine within the State.

—William H. Appleton, publisher of the New York *Medical Journal*, has been sued for $25,000 damages, for libel, by a dentist named Thomas B. Gunning. It appears that after the attempted assassination of Secretary Seward, in 1865, Mr. Gunning performed an operation on his jaw. An article appeared in the New York *Medical Journal*, a few months ago, which contained reference to Mr. Seward's injury, and Mr. Gunning is of the opinion that it reflected on his competency as a dentist.

QUERIES AND REPLIES.

—*Oneida, Ill.*, asks:—"Has any State Board of Health refused to recognize the diploma of the Western College of Dental Surgeons, St. Louis?"

Ans.—We have not heard that the diplomas of this institution have been questioned.

—*Junior* asks:—"How long after the disappearance of secondary syphilides can a man marry with safety?"

Ans.—If it is meant when he can be perfectly sure of no further syphilitic lesions, the French school, as we lately pointed out, would answer, *never*. But, practically, we should say, a year.

—*Mrs. A., of Pa.*—"Are the artificial flavoring materials now so commonly sold considered wholesome by physicians?"

Ans.—Some of them are; but the vanilla, bitter almond, and a few others, are probably poisonous, except in very small quantities.

—*Botanist.*—A work has been published by Theodore Peckolt, of the fruit and food plants of Brazil, we believe, about 1870.

—*Preceptor* asks:—"Is it not customary for the medical preceptors to charge their medical students a nominal fee for their instruction; and if so, what is the usual charge in the United States.

Ans.—It is customary; the charge in this part of the country is usually $100 per year.

MARRIAGES.

ABELL—THOMPSON.—In Philadelphia, on Tuesday, December 23, 1879, at the residence of the bride's parents, by the Rev. M. D. Kurtz, assisted by the Rev. R. J. Carson, Dr. Amacey B. Abell and Miss Margaret Thompson, daughter of Joseph Thompson, Esq.

BEALS—VAN HORN.—In Cincinnati, O., on Wednesday, December 2, in the M. E. Church, Bethany, O., by Rev. J. S. Whitney, Dr. Francis M. Beals and Miss Sarah E. Van Horn.

INGRAM—WALLACE.—In New York, December 17th, 1879, by the Rev. Dr. Deems, Thomas D. Ingram, M.D., of West Chester, Pa., and Miss Annie Wallace, of Philadelphia.

KING—MURRY.—November 13th, by Rev. Geo. M. Spargrove, at the residence of the bride's father, in Murrysville, Pa., James P. King and Miss Priscilla J., eldest daughter of J. S. Murry, M.D.

LEE—SMITH.—On the 9th ultimo, at the Church of the Holy Trinity, by the Rt. Rev. George W. Peterkin, D.D., Bishop of West Virginia, assisted by Rev. Francis D. Lee, Dr. Edmund J. Lee, of Virginia, and Mary, daughter of Charles Smith, of this city.

LYONS—HALL.—By Rev. A. B. Marshall, at the residence of the bride's mother, on the 12th ult., Ira A. E. Lyons, M.D., of Indianapolis, Ind., and Miss Rachel M. Hall, of New Lisbon, Ohio.

NICHOLS—SMITH.—On December 18th, by Rev. A. V. C. Schenck, Ammi S. Nichols, M.D., of Walla-Walla, Washington Territory, and Miss Freddie S. Smith, of Philadelphia.

REEVES—HOWELL.—On December 16th, by Rev. George Swain, D.D., Professor Charles F. Reeves, of the Pennsylvania State College, and Susan B., daughter of A. A. Howell, M.D., of Allentown, N. J.

DEATHS.

COCHRAN.—Suddenly, at Dallas, Texas, on the 7th ultimo, Dr. James Cochran, of Philadelphia, in his forty-ninth year.

GORDON.—In New York, on Saturday morning, December 13th, 1879, Margaret, daughter of the late Robert Gordon.

LADD.—In Claremont, Sullivan county, Vt., Dec. 11th, Mrs. Adelphia C., wife of Dr. Wm. M. Ladd, aged 66 years.

TRAU.—On the 22d ult., Anna M., wife of Dr. J. Ph. Trau, in the fifty-ninth year of her age.

PAUL.—At Belvidere, N. J., December 18th, J. Marshall Paul, M.D., in the eightieth year of his age.

THE

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Communications.

PHLYCTENULAR OPHTHALMIA.

BY HENRY S. SCHELL, M.D.,
Surgeon to Wills' Hospital.

What we may, for want of a better name, call phlyctenular ophthalmia, is among the most frequent of all the diseases of the eye. Of 4082 patients treated at Wills' Hospital last year, 193 were classified as conjunctivitis of this character, and 336 as keratitis of the same kind; making in all 529 cases, or 13 per cent. of the whole number. The disease is most often seen in children, and especially in young children, but even adults are by no means exempt from its assaults.

The essential feature of the malady consists of an eruption which makes its appearance upon some portion of the front of the eyeball. The eruption may comprise only one or more papules, vesicles, pustules or resultant ulcers. Or an ulcer may be healing on one portion of the eye while a papule or vesicle is declaring its presence on another. A papule may run through all the above mentioned stages to ulceration, or it may be cured in any one of them.

When the disorder is confined to the conjunctiva, it shows itself most often as a papule, about the size of a pin's head, seated on a circumscribed patch of inflamed mucous membrane, accompanied usually by a very slight general congestion of the conjunctiva, and by hyper-secretion of mucus. The ailment gives comparatively little inconvenience; there is mostly no intolerance of light, and the patient usually complains only of a feeling as of something in the eye. The use of the eye for near work, however, is apt to increase the congestion, and to cause, in a mild degree, all the symptoms of a case of ordinary conjunctivitis. Sometimes the affection appears as a vesicle or a small cluster of vesicles seated on the conjunctiva, and causes so little derangement that the attention is only called to it by a slight sensation as of a foreign body in the eye. These forms tend to spontaneous recovery in a week or ten days, either by absorption of the papule or by formation of a superficial ulcer, which quickly heals; but they are made troublesome by their liability to recurrence.

When that part of the conjunctiva which is close to the cornea is affected, the complaint shows a peculiar disposition to become chronic. I remember one case, that of a little girl, Hannah B., eight years of age, in which the quality of chronicity was very marked. When I first saw her she had been suffering from sore eyes for three or four years. Her mother said the eyes became almost well when frost came, but relapsed into the old condition with the first warm days of spring. She came to me in midsummer, and then the cornea in both eyes was completely surrounded by a ring of irregularly thickened and inflamed conjunctiva, almost stellate in outline, looking as if a string of papules had run together and lost most of their individuality, but still showed some signs of what they had been. There was no tendency here to the formation of vesicles or pustules, nor to ulceration. The cornea was perfectly clear, the eyes wide open, but became suffused and irritated upon use for near work. After a month of appropriate treatment the affection was quite cured, by the

gradual absorption and disappearance of the thickened ring of conjunctiva.

When the eruption occurs, as it often does, on the edge of the cornea, where it joins the sclerotic, the symptoms become more severe. In this case the papule, or vesicle, or pustule, is often very minute, and best seen with the aid of a good lens. Oftentimes there is a row of half a dozen or more such vesicles, set close together, like a string of beads, around the border of the cornea. In proportion to the size of the papule or vesicle will be the degree of pain, intolerance of light and lachrymation, and the amount of inflammation in the adjacent cornea and conjunctiva. If small they generally respond readily to treatment, and are cured in a week or two, in the same manner as those on the conjunctiva; but when large, and accompanied by much inflammation, they are often extremely obstinate.

When the eruption is seated entirely upon the cornea, the disease is exhibited in its most aggravated form. It is accompanied with great photophobia and spasmodic closure of the lids, and the attempt to open the eye is powerfully and involuntarily resisted by the orbicularis muscle. If the malady occurs in a small child, the best, and almost the only, way to obtain a view of the eye is to lay the little patient on its back, across the lap of a nurse or other person who will control its hands and feet, to take its head between your knees, and hold it there firmly while, in spite of its cries, with the tip of the forefinger, or with an elevator, you gently but steadily raise the upper lid. This proceeding is followed by a gush of tears, which momentarily obscures the picture; but when these have been absorbed by a bit of soft rag, the conjunctiva is to be seen deeply congested; the cornea partly opaque, traversed by enlarged vessels, and studded with one or more papules, or their sequelæ. The eruption is mostly situated in the superficial layers of the corneal tissue, but in bad or neglected cases, where there is much inflammation, the entire thickness is involved, and with ulceration perforation takes place, followed by loss of aqueous, prolapse or adhesion of the iris to the borders of the opening, and final cure only with the formation of a dense white cicatrix. In any case where the eruption goes on to ulceration the process of filling up the cavity is tedious, and a scar is left, which is more or less permanent. The secretions of the eye are very irritating, and soon cause excoriation of the skin about the borders of the lids, together with a crop of papules or pustules on the cheek or lids and side of the nose, and the irritation often extends, in an eczematous form, to the nasal orifices, the lips, and behind the ears. There is much ciliary pain, the patient becomes feverish, the urine dark red, the tongue coated, the appetite impaired and the sleep restless. Frequently the account of the case given by the mother is that the child lies with its face buried in a pillow all day long. In this, as in the preceding varieties, the eruption may abort at any stage, and disappear by absorption.

The disease under consideration is sometimes called herpetic ophthalmia, and the eruption does occasionally resemble that of herpes; but is, probably, more frequently unlike than like it. On account of the scrofulous appearance of the patient in some cases the name scrofulous ophthalmia is often adopted in describing the affection, but, judging from my own experience, the scrofulous aspect is a result of the malady, and does not precede it. The disease seems liable to occur in any person, and especially any child, who is subjected to improper hygienic conditions, either of dirt, air, clothing, surroundings, or even mental influences. Anything which has a tendency to lower the tone of the nervous system may produce it. The practice which prevails among the poorer classes, of giving their young children tea and coffee to drink, has, doubtless, a large share in the production of the disease. These stimulants, by their retarding effect upon tissue metamorphosis, to some extent replace and are substituted for proper and substantial nourishment. It will often be found, upon questioning the mother, that the child craves its tea and coffee more than any other article of its diet, and when instructions are given to abandon the use of these nervines altogether, and to substitute milk or water, the advice is often received with mingled signs of surprise and incredulity. Too long confinement to the house or school room, or rather, insufficient open air life, in weakly children, is another powerful factor in originating the disease. The absence of personal cleanliness, although no doubt contributing to the general result, is probably of less importance than some other causes. The dirt adherent to the cuticle, and which is being constantly thrown off by the exfoliation of the epidermis, has less effect on the health of the individual than the dirt which comes in contact with absorbent mucous membranes. If dirt is merely matter in the wrong place, then every drop of tea or coffee which goes into the stomach of a young child, and every breath of impure, dust or spore or morbific vapor-laden air which

the child draws into its lungs, is dirt in its worst sense. Dirt on the outside is offensive enough, but that on the inside means possibly disease or death to the individual.

In well developed cases of this affection there is little difficulty in diagnosis. The fully marked papule, pustule or vesicle somewhere on the orbital surface places the matter beyond the possibility of a doubt. But often, when the cornea alone is involved, we see the case first in the stage of ulceration. Then we will generally get the clew to its real nature by observing the localized character of the accompanying congestion, the excoriation of the lids and the eruption on the cheek. Sometimes we encounter an inflamed and hazy cornea, and a congested conjunctiva, which proves refractory to treatment, until the appearance of a circumscribed patch of inflamed conjunctiva or cornea, falling short of a papule, with a leash of vessels leading up to it, discloses the real nature of the difficulty.

The treatment of the disease varies much, according to the position of the eruption. When this is seated upon the conjunctiva almost any irritant or astringent suffices for its speedy cure. Indeed, its tendency is to get well very shortly, of itself. Of the remedies which have been recommended for its cure, the insufflation of calomel, the instillation of collyria of tannin (gr. viij ad f. ℥ j.), of nitrate of silver (gr. ss ad f. ℥ j), of corrosive sublimate, (gr. ¼ ad f. ℥ j), and ointments of the red and yellow oxide of mercury, (gr. j-ij ad ʒj.), are the most in favor. When seated upon the cornea, however, the resources of the ophthalmologist are frequently tried to the utmost before a cure is accomplished. The first indication in this case is to relieve the intense irritability of the eye, and this may usually be accomplished by the instillation of a drop of a solution of sulphate of atropia (gr. j ad f. ʒj) every three or four hours. After each application it is necessary to lay a small piece of soft, white rag over the closed lids, to fill up the orbital cavity, even with the brow, with cotton wool, and to apply over all a well-fitting bandage with sufficient pressure to keep the inflamed organ at rest. As soon as the irritability and photophobia are relieved the bandage may be omitted, and a shade or a pair of smoked glasses worn. In case the excessive irritability is not relieved by the atropia, a brisk mercurial purge may be given, and if the inflammatory symptoms are severe, a few leeches may be applied to the temple, and the patient enjoined to remain in bed for twenty-four hours. Fomentations for half an hour, night and morning, with infusion of belladonna, often succeeds when atropia fails. The acetate of potassium may often be used advantageously, to relieve the febrile condition, and a Dover's powder at night, to allay restlessness. If after a few days of this treatment the affection shows no signs of abatement, it is best to proceed at once to open the anterior chamber. This should be done with a Graefe knife, not far from the corneal margin, and the incision should be parallel to the base of that corneal sector which includes the eruption. This operation gives immediate relief, both by removing the intra-ocular tension and by severing the main nerve fibres which proceed to the painful spot. In the worst cases, the commencement of the recovery usually dates from the moment of the performance of this operation. It should be done carefully, under ether, to avoid straining, and there will be no prolapse of the iris. To guard against the occurrence of this accident, as well as to facilitate the healing of the wound, the subsequent application of a retaining bandage will be necessary.

When the nervous irritability of the eye has been relieved by these measures, the photophobia will have mostly disappeared, and the organ can readily be examined. Then the application of a mild stimulant or astringent to the diseased spot will effect a cure. For this purpose the remedies above recommended in phlyctenula of the conjunctiva are well adapted. If the cornea has ulcerated, of course, time will be required to fill up the gap, and the process seems to be more tedious the nearer the centre of the organ is approached.

Unfortunately, the cure of the local eruption does not end the disease. The papules, vesicles, etc., tend to appear in new crops and new locations, to the disgust both of patient and physician, unless proper measures are taken to remedy the cause—the impaired nervous tone of the sufferer. I remember one case of this kind in a child, three years of age, whose parents, from motives of economy, lived over a stable in which the father had charge of the horses. In this case I battled with the disease for two months, with varying fortunes of partial victory and utter defeat, until at last I insisted upon the removal of the child to more salubrious lodgings. After this was done the case recovered at once, and has remained well ever since. Apart then from such improvement in diet and surroundings as would naturally suggest themselves to the medical adviser, it will be proper to administer quinine in tonic doses, syrup of the iodide of iron and cod-liver oil. Fowler's solution of

arsenic, in appropriate doses, is also useful in restoring tone to the nervous system, and local applications of the ointment of the oxide of zinc to the eruption in the skin is especially beneficial where there is much accompanying erythema, or the ointment of the yellow oxide of mercury if the tendency is to assume the pustular phase, with the formation of crusts.

1802 *Chestnut street, Philadelphia.*

A MODIFICATION OF DR. EMMET'S OPERATION FOR LACERATION OF THE CERVIX.

BY O. E. HERRICK, M.D.,
Of Greenwich, Mich.

Among the chief difficulties to be encountered by the uterine surgeon is that of inserting sutures within the vagina. The cutting necessary to be performed at times may be more formidable and exciting, but is very far from being as tedious as is the bloodless operation of inserting a few sutures; it comes at a time when the operator is fatigued with the operation just performed, and will often press upon his stock of patience until he has very little left, while protracted efforts in that direction are fully as fatiguing as is the holding of the femoral artery with the thumbs, during an amputation of the leg.

Especially is the above true of operations performed outside of a large hospital. Many times they must be performed in private practice (if performed at all) without professional assistance, as it is often next to impossible to get the patient's consent to the presence of any other doctor beside the operator. It is such cases as these which put a man upon his mettle; when he must depend upon himself, and himself alone. In a large hospital, where the surgeon has full control of his patients, and can call around him all the assistance he may require, it is quite another matter. Gentlemen who have operated under the above circumstances will appreciate, when they read this, its truth. Now it was just such difficulties as the above which led me to attempt to substitute something for the suture. The following is a short summary of my first attempt at substitution.

Mrs. ——, aged 30 years, presented the following train of symptoms when she applied to me for treatment. Her chief source of annoyance was the usual streaking, burning pains, upon both sides, in the hypogastric region, almost always met with in all cases of uterine or vaginal diseases. She menstruated irregularly, from once in two to once in six weeks, had leucorrhœa badly, and backache, pain in the bladder, etc. Upon making a vaginal examination the following conditions presented: Ostium vaginæ open, cervix slit up to the vaginal juncture upon both sides, and was further back than it should have been; the body of the uterus was about twice its normal size, and in a position of distinct anteflexion. The vagina was very voluminous in its upper portion, while the perineum and perineal body were both uninjured, which last condition was no doubt the reason that prolapse was not added to, or had not taken the place of, anteflexion. The abnormal conditions in this case, then, were four in number: First, sub-involution of the upper portion of the vagina; second, rupture of the cervix; third, sub-involution of the uterus, and fourth, displacement of that organ. The body of the uterus had been in a condition of sub-involution, without doubt, since her last confinement, eight years before (and it is a noticeable fact that, in nine cases of uterine disease out of ten, they date their beginning at some point in the parturient process), and this condition, unquestionably, was the cause of the flexion; the body of the uterus was soft and flabby, instead of being hard, firm and elastic, as that organ should be in health. Another, and the principal, cause was the lacerated cervix, which, being torn asunder upon both sides, to the vaginal juncture, no longer maintained that natural support which the normal uterine neck affords to the body of the uterus, and consequently, as there was a firm perineum and perineal body, and it could not sink down into the pelvis and become prolapsed, its increased weight displaced it in the direction of the least resistance, and it became anteflexed.

There were, then, four indications for treatment in this case, namely, restoration of the vagina immediately around the os uteri to its normal size, closing of the lacerated cervix, reduction of the displacement and retention, and lastly, to reduce its weight. Treatment was commenced by reducing the flexion with the uterine sound, after Sims' method; I then attempted to retain the uterus in position with the soft rubber and silver wire pessary, without first closing the torn cervix, but after a week's trial failed to do so. I believed I saw in that the reason of my failure, and determined to operate, but both the patient and her husband firmly refused to have any kind of an operation performed which would require the services of an assistant; so there was nothing to do but operate alone or let the case go, and have a failure passed up to my credit. I concluded to attempt the operation without assistance, except

such as could be rendered by non-professionals. Without administering an anæsthetic, I introduced a large-sized glass speculum, and with a pair of long and pointed dressing forceps held the torn lips of the cervix apart, and with a pair of slightly curved scissors freshened both edges of the laceration, also snipped off a portion of the superabundant and hypertrophied tissue of the everted lips; there was very little hemorrhage, and what little there was was almost entirely stopped upon the surface being touched with a sponge moistened in a solution of ferri persulphate. I then withdrew the glass speculum and introduced a bivalvular, and after penciling the vagina quite deeply with caustic, in its upper portion, that the cicatrix, in healing, might contract, and by doing so lessen the size of the dilated portion, I then attempted to introduce the stitches, and after persistent efforts of half an hour, with my unskilled assistants and unetherized patient, I was forced to cease, as my patient could no longer stand the pain produced; while trying to determine what to do, I noticed the pessary she had been wearing lying there, and it occurred to me that perhaps I might hold the gaping cervix together with the elastic ring. I put it on, and as it fitted the os nicely, it held the freshened edges together accurately, and I concluded to leave it there, at least for the present. I left off the external part of the supporter, *i. e.*, the belt and elastic tubes, and with instructions that the patient should be kept quiet, I administered an opiate, and left, feeling quite displeased with both myself and the results of my operation. I visited the patient the next day, with the intention of insisting upon having professional assistance to complete the operation. I found that the patient had rested well during the night, and had had very little pain at any time, and there had been no other bleeding than just a little oozing of bloody serum.

Upon making an examination with a speculum, I found that the edges of the wound were in perfect apposition, and that portions of it had the appearance of healing by first intention. I then concluded that nature was about to finish my unfinished operation, and that I had better not interfere. The only treatment I gave her from that time was to keep her bowels confined by the daily use of opium, while a tampon of cotton, saturated with glycerin, tannin and carbolic acid, was kept in the vagina, to be changed daily, and at the time of changing she was given half-gallon injections of water at 100° Fahr., which cleaned the vagina of all accumulated secretions; another effect of the warm water was to soothe the irritated parts and hasten the process of repair, which it unquestionably does to a greater extent than any other one agent.

She was kept in the recumbent position for a week, at the end of which perfect union had taken place. With the ordinary method of putting in stitches, my patient, in all probability, would not only not have been well at the end of one week, but that would have been a short time to have allowed the stitches to remain. At the end of two weeks union was so complete that the cicatrix could scarcely be discerned, leaving the os looking perfectly normal. The dilated position of the vagina was reduced to its natural size, as I had anticipated it would be, by the healing of the portion penciled with caustic.

The body of the uterus had also diminished in size, until it was nearly if not quite normal; of course, the administration of ergot had something to do with this last result, but I question if it would have been reduced in size with the ergot and without the operation; I believe both were necessary for the ultimate recovery of this patient.

I will mention only one case more, to illustrate the simplicity as well as benefits to be derived from this modification of Dr. Emmet's operation for "laceration of the cervix."

This lady, aged about thirty-five, mother of two children, one eight years old, the other about five, had suffered from endo-cervical leucorrhœa since the birth of her last child; had had frequent miscarriages, and had been suffering for three or four years with almost regular discharges of shreds of membranes at almost every menstrual epoch; the attending pain and extreme prostration was excessive during these exfoliations. The uterus was anteverted and slightly prolapsed; also much enlarged; the probe would enter to the depth of four inches, while a muco-purulent discharge was almost constantly escaping from the gaping, lacerated and slightly everted os, and the smell was so very offensive as to set at defiance the whole line of disinfectants. This woman's vagina was also considerably enlarged, and I could see no good reason why it should not be, for she had worn various self-retaining pessaries, some adjusted scientifically, but more adjusted unscientifically, for years (I removed from her vagina an Albert Smith pessary, almost large enough for a small horseshoe, and that was put in the vagina *wrong end up*), and one could scarcely wonder at her being disgusted with pessaries.

This patient had the usual weight in the pelvis, pain in the back, cervical and general neuralgia, hysteria, etc., almost universally met with in these cases.

After treating her for about two weeks with local applications of nitric acid to the everted os-uteri, with such internal medication as fluid extract ergot in half-teaspoonful doses three times a day, with only partial success, as the endo-cervical catarrh continued, though not so profuse as at first, I concluded to operate, as the best and quickest means of relieving the abnormal conditions.

In this lady's case the laceration was unilateral, instead of bilateral, as was the case with the first mentioned patient, hence the operation was much simplified. I proceeded, as in the first case, to pare off the everted and exuberant tissue, through a cylindrical glass speculum, with a pair of scissors, but instead of using a rubber ring to hold the freshened edges together, I used six of those little rubber loops found at the stationers, and used to hold the lids of memorandum books together, which I found to answer the purpose much better than a rubber ring, as I could put on enough of them to cover the whole uterine neck, thus making equitable pressure over the whole surface, and preventing constriction. In this case perfect union had taken place at the end of six days, and at the end of six weeks the endo-cervical catarrh had ceased, while at the end of two months the uterus was normal in size, and at her next menstrual period following the operation her membranous dysmenorrhœa was only very slight, and at her second had entirely gone, while it is now more than six months since she has passed any shreds of membrane. The after treatment was the same as in the first case, *i.e.*, large injections of water at 100° Fahr., followed by the packing of the vagina with lint saturated with glycerin, tannin and carbolic acid, with thirty-drop doses of fluid extract of ergot, to be given internally twice a day. This lady only kept her bed about forty-eight hours after the operation, and from that time until her complete recovery she was up and about the most of the time. After she had been up and about three or four days I adjusted a "soft rubber and silver wire supporter," to hold the enlarged and congested uterus in place; she only wore the support about a week when I removed it, the uterus being retained in position without its aid.

The advantages to be derived from this method of retaining the freshened edges together can be briefly stated. 1st. As about all the pain experienced during the operation is from the introduction of the sutures, if these sutures are not introduced there is very little pain, and hence, an anæsthetic may be dispensed with. 2d. If the patient is not etherized, it is not absolutely necessary to have professional assistance, and one can operate upon patients that would not listen to such a proposition if strange physicians were to be present. 3d. The parts are kept in just as close contact, and union takes place just as soon, allowing that no time is gained (which I believe there is). 4th. There is less danger of inflammation taking place in the parts. 5th. There are no stitches to remove. 6th. In slight cases patients may be operated upon at the office, and even without their knowing that they are undergoing any important operation, as they are not obliged to keep their beds a single day on account of it. These facts noted, and as has been hinted by some one writing or speaking upon this subject, many cases of ulceration of the os uteri (so considered), would be radically cured. I have cited but these two cases, to explain my method of procedure, and hope that I have been plain and explicit, or sufficiently so, for the reader to readily understand its accomplishment. My only excuse for writing this, I fear, tedious account of a very simple operation, must be the benefits to be derived from it. It has been said by eminent gynecologists, that laceration, to a greater or less degree, occurs in from 9 to 12 per cent. during confinement. Dr. Wm. Goodell, in a paper read before the State Medical Society of Pennsylvania, in 1878, estimated that one out of every six women with uterine disease had an ununited laceration of the cervix, while Dr. Paul F. Munde estimates 17 per cent. Now it seems to me that these estimates are pretty high, but if they are not very much too high, it behooves us, as practitioners, unto whom these women look for succor, to cast about us for the best, safest and simplest means for the relief of so prevalent an accident.

THE THERAPEUTIC VALUE OF THE ALKALINE CHLORATES.

BY TRAILL GREEN, M.D.,
Of Easton, Pa.

The members of the medical profession who have entered upon its duties within the last thirty years cannot realize the advantages they have in the treatment of diseases of the mouth and throat, and some of the infectious diseases, above those who practiced the profession prior to the time above named. Solid caustics, mineral acids, caustic solutions of chemical salts, brushes, probangs, and nauseating gargles, made up the

armamentarium of the physician to the middle of the present century. For some time before the meeting of the National Convention to revise the United States Pharmacopœia, in 1850, practitioners in various parts of the country had observed the properties of potassium chlorate in many inflammatory diseases of the mouth and throat, and the Convention had learned so much of its virtues as to justify them in giving it a place in the Pharmacopœia of that year (1850). Dr. Watson had used it in scarlet fever, as stated in his Practice of Medicine, published in 1843. Dr. George B. Wood refers to this use of it by Dr. Watson, in his second edition of his Practice of Medicine, published in 1849, but stated that he had no experience with it. Dr. Watson said, "I have remarked, in many instances, a speedy improvement of the tongue, which, from being furred, or brown and dry, has become cleaner and moist. This practice was suggested to me by Dr. Hunt, who tells me he has long employed it with advantage."

I well remember how a solution of this salt in twenty-four hours cured cases of stomatitis in children, and how inflammation of the fauces was successfully treated with it; how the affection of the throat, and the general symptoms of scarlet fever were controlled by it, and a great variety of diseases were treated with success. The medicine continues to be used, and has the confidence of the profession. In the treatment of diphtheria, we can truthfully say, it is employed by all who have published their methods of treatment. with quinia, iron, and the various remedies proposed for the treatment of this disease. I have observed that the most intelligent practitioners have abandoned the use of caustics.

"Turning from theoretical views to clinical experience, a large proportion, if not the great majority, of the practitioners of this country have been led to discontinue the cauterizing and irritating topical applications which have been heretofore in vogue, and to content themselves with soothing and antiseptic measures. So far as my own opportunities for observation enable me to judge, this practice is to be preferred. In the place, therefore, of a strong solution or the solid stick of the nitrate of silver, hydrochloric acid, the sulphate of copper, alum, and the astringent preparations of iron, applied repeatedly in the twenty-four hours, a gargle of a solution of the chlorate or nitrate of potassa may be employed" (Dr. Flint's "Practice of Medicine," page 1013).

"There can be no doubt, then, that the unfavorable results which have been attained on all sides by cauterizations, more or less energetically practiced, must put a stop to this procedure, even if in its stead we should be obliged to resort to the opposite, the purely expectant and symptomatic treatment" (Dr. Oertel, Ziemssen's "Cyclopædia of Medicine," vol. I, page 673).

A medicine which has been so well received by the profession, and which has been so useful in their hands, cannot cease to be employed, but no article of the materia medica is useful in all the cases of any particular disease in the treatment of which it has been found curative; but the question frequently occurs to the practitioner, must I not seek other remedies? With all its good properties, we doubt not those who have used the chlorate of potassium have found some inconvenience from its small solubility, it being the most insoluble of all the metallic chlorates, excepting the chlorate of the binoxide of mercury (Hg^2 O Clo^5), which is wholly insoluble in water.

One hundred parts of water at 0° C., dissolves only 3.33 parts of the potassium chlorate; at 13.32° or 56° Fahr., 5.60 parts; at 35.02° or 96° Fahr., 12.05 parts (Gay Lussac, quoted by Dr. F. H. Storer, Dictionary of Solubilities). Or one part is soluble in thirty parts of water at 0° C., and 8.33 parts at 35° C. (95° Fahr.) Gmelin's Handbook. *Ibid.*

The sodium chlorate, not yet officinal, possesses properties which make it much more easy of administration, and more active in all the cases in which the corresponding potassium salt is prescribed.

The solubility is much greater. One part of the anhydrous salt is soluble in .79 of water at 30°, and in .66 at 50°. (Kremer's Pogg. Ann., 92, 499. *Ibid.*) I find, by experiment, that it dissolves in a little more than its own weight of water, at 20° C. (69.8° F.), and at the same temperature the potassium chlorate requires sixteen times its own weight of water. Its solubility enables us to administer it in small doses of the vehicle to children, and the dose is not large for adults. When its general effects are desired, the solubility of the salt makes it more easy to be absorbed into the general system. This is true of the sodium compounds in general. I think it has been discovered that the system tolerates the continued use of sodium compounds longer than those of potassium. The soothing effects of sodium bicarbonate, as applied to burns, recently, is proof of its superiority to the compounds of the other alkali. Its greater solubility as a chlorate led me to its use soon after I

discovered this property of the salt, and while using the other chlorate I frequently met with cases which did not yield to the treatment by it, which were soon cured by the sodium salt. Such cases I meet with very often now, in which the domestic use of the potassium chlorate has not produced cures—cases which yield immediately to the other salt. I make use of it in all inflammations of the mouth and fauces, stomatitis, mercurial sore mouth, tonsillitis, the inflamed throat of scarlatina and diphtheria, administering a solution of twelve grams of the salt to a hundren and twenty-eight grams of water.

In scarlet fever I have used a solution of four grams to five hundred c.c. of water, as a wash to the surface, to the great comfort of the patient, relieving thereby the burning and itching so common in that disease and so greatly annoying. In the same way, externally, I have found it useful in a great variety of diseases; in the inflammation produced by the poison of rhus toxicodendron I have not found anything so effectual; applied on the first appearance of the inflammation I have arrested it; and when called to treat it at a later period, I have confined myself to its use, making a solution of eight to twelve grams of the salt to five hundred c.c, of water. I have patients who, as engineers, would hardly venture from home on professional business without sodium chlorate in their outfit, so effectual have they found it in the treatment of this troublesome inflammation. I employ a solution of from four to eight grams to a litre of water, in erysipelas, and for many years past it has been the only external application I have made use of. My patients speak of the comfort derived from the application of cloths saturated with this solution.

In conjunctivitis and the acute inflammation of the edges of the eyelids, it is the only wash I have employed for many years past—four grams to 500 c.c. of water.

Having observed the effects of the solution in diseases of the mucous surfaces, I made use of it in a case of purulent ophthalmia in an infant, and I was so much pleased with the result that I should not hesitate to rely upon its use in cases of this kind. I had a faithful and intelligent nurse, who obeyed my instructions to the letter. Several times during the day the eyeballs were washed by injecting the solution from a syringe, after which small pieces of linen were wet with it and kept constantly on the closed lids. The inflammation yielded soon to this treatment, and no spots could be discovered on the cornea, so common after the best treatment of this serious disease in young children.

In simple ulcers of the leg I now make use of no other remedy, and in cases of a more chronic character I have seen excellent results from this treatment; so also in hemorrhoids and inflammation about the anus; in inflammation of the meatus auditorius, of the nostrils and vagina, and the various inflammations of the scalp in children, several of which are classed under the common name of scald head. In these latter diseases I apply a cloth as a cap, saturated with the solution. The scales separate in a few days, and the surface heals under the use of the chlorate.

In short, I find the salt useful in the inflammations at the outlets of the mucous membrane, and all inflammations of the skin, and so general is its adaptations to these numerous affections, that I commend its use, and trust that the profession generally will come to appreciate its value, and a place be given to it in our National Pharmacopœia.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

REPORTED BY GEO. F. SOUWERS, M.D.

Skin Grafting.

One of the most recent additions to surgical resources is the operation of skin grafting. It is but a few years since a French surgeon first demonstrated the viability of very minute portions of skin when completely excised and transplanted. The simple procedure has now received a general appreciation, and found a wide range of usefulness. Its ordinary application is to the surface of chronic ulcers, in which healing in the usual concentric direction is sluggish, or has ceased; and it is applicable also to increase the cicatrization of all largely denuded surfaces, by producing centres for eccentric cutification. Besides extending the lines of cicatrizing edges, a physiological influence seems to be exerted, and the surface of an indolent ulcer is stimulated to renewed vital action by the presence of the grafts; even ulcers in which granulations have long ceased seem to be revived by these islands of promise. The utility of skin grafting has, in my observation, been in no instance better shown than in cases of extensive denudation caused by destruction of the skin, as in burns, and loss of large areas of integument from traumatic injuries. I have seen cases where large sloughs of the integument of the back, due to burns, have healed rapidly under the influence of a few skin grafts. It seems to me very probable that amputation, which, as a final resort in certain cases of extensive ulcers of the leg, is justified, may be substituted by this simple expedient. All of the conditions essential to successful skin grafting I

have not, after extended observation, fully determined. The most favorable condition for the development of the grafts is certainly that of healthy, active granulation of an ulcer, and the more nearly this state is approached the greater, as a rule, is the probability of success. It would sometimes seem that the grafts can best be taken from a corresponding portion of the body; thus, in grafting on the scalp, grafts from the scalp of the patient, or of some one else, should be employed. The same rule holds good in regard to the grafts used in plastic operations about the face. The transplanting of hard follicles has, I believe, failed uniformly.

That the influence of grafts in vitalizing the surface of chronic ulcers is very great, may be demonstrated by consecutively repeating the transplantations as the process of granulation becomes sluggish; each graft seems to excite a new healing impulse, as though it were a spur to reparation, and prevents the tendency to relapse into indolence until cicatrization is complete. Indeed, I am inclined to think that by perseverance in skin grafting there are few chronic ulcers, whatever may be their condition, which will not respond under this stimulus.

After extended loss of integument, resulting in disfigurement, deformity and impaired motion, the beneficial effects of skin grafting are very manifest. Observation would seem to demonstrate that where cutification is rapid, from a number of skin-forming centres, the resulting cicatrix is less violently contractile in its tendencies. Some operators have experienced disappointment in the grafting procedure, on account of the liability of the newly healed surfaces to a rapidly destructive ulceration under slight disturbing influences. I have seen a number of illustrations of the susceptible and readily perishable nature of the rapidly healed spaces; even a general feverish exacerbation that violently affects the patient may cause the delicate cicatrix to dissolve and disappear very rapidly. This delicacy and susceptibility of the newly formed tissue are merely incidental to its neoplastic character, and the practical lesson to be learned is the careful avoidance of local and constitutional influences that may destroy it. It is not absolutely essential that the surface of the ulcer be prepared for the reception of skin grafts; but the more nearly it is brought to a healthy, granulating condition the better the chance of success. As to the size and structure of the graft, it should consist merely of the simple structures of cuticle and derma, and should not contain any of the underlying fatty or connective tissues. It is not even essential that the derma be used in its whole thickness, as has been demonstrated by the fact that successful grafting has been effected by using mere scrapings of the cuticle, in which are contained some cells of the superficial or papillary layer of the derma; this method, though, is very uncertain and has no really practical merit. The graft should never, in diameter or thickness, exceed a fourth or a half line, such being ordinarily the depth of the true skin. The graft should be preferably taken from some portion of the patient's body, and from localities where the derma is thin and not densly covered with cuticle, as on most of the front of the body, and as a choice, from the inner surface of the arms and thighs. Grafts from other individuals, and even taken from limbs amputated for traumatic injuries, develop as readily as when taken from the patient's own body, but the risk of thus transmitting specific diseases forbids such experiments.

The operation may be performed by means of a delicate knife or scissors, cutting off minute particles to use immediately in transplanting, or large pieces may be removed and these subdivided into suitable sizes for the operation. The skin may be pinched up by means of a small forcep, and the piece snipped off with the curved ophthalmic scissors. The pieces should be about the size of a grain of canary seed, or a grain of rice. Dr. Hodgen, of St. Louis, has suggested a method for removing the graft, which is painless, simple, and convenient, and at the same time, very effective. It consists in merely penetrating the cuticle with a delicate sewing needle, elevating a small point, and shaving off the minute elevation of cuticle and upper stratum of derma, by means either of a very sharp knife or curved scissors. Blood need hardly ever be drawn in this operation, or, at most, a mere discoloration is perceptible. The graft is then immediately pushed from the point of the needle, and placed on the surface of the ulcer, as I now show you, care being taken to keep the epidermic surface upward. No incision should be made into the granulations in order to insert the graft; the blood thus exuded would be liable to elevate the graft from contact with the granulations. As simple adhesions of the graft is all that is desirable, I have sometimes, in cases of large and actively secreting surfaces, allowed them to be exposed to the desiccating influence of the atmosphere, so that the secretions should become viscid and thus hold the grafts securely in position. With the same object in view, I have allowed the ulcerated surfaces to remain uncovered, until the grafts became well agglutinated to them. All active medication to the ulcer should be avoided, and the surface merely covered with a light dressing, for protection from disturbing influences. A piece of muslin saturated with carbolized oil or cerate, or a piece of plain waxed paper, is all the dressing necessary. This dressing usually need not be removed for two or three days after the operation, unless secretion is profuse, when a stream of water may be allowed to run over it, sponging and wiping being carefully avoided.

One of the earliest changes noted in the graft, after the first few days, is the detachment of its cuticle, which may occasionally, by careful observation, be seen floating in the secretions of the ulcer, or by a slight touch it may be detached, leaving the true germinating material fixed in position. The graft, as it commences development as a germinal centre, becomes so blended and identified with the granulations as to be for a time almost lost sight of, its reappearance becoming evident in a bluish or lilac-tinted pellicle, which indicates the progress of cutification.

In regard to the size of grafts for transplanting, I have, in a number of instances, grafted by removing from recently amputated limbs pieces of

skin measuring one-third or one fourth of an inch square; but such large pieces are very likely to fail in retaining their vitality, and I have found small grafts to give much more satisfactory results. The number and position of the grafts will, of course, vary in accordance with the size of the ulcerated surface, and in large ulcers they may be distributed centrally and near the periphery. Those near the circumference will stretch their granulations outward and stimulate the borders of the ulcer to activity; and, with regard to the advantage of centrally located grafts, it will be well to remember their importance with reference to the difficulty often experienced in eventually healing the last of a chronic ulcer. A large ulcer, on which grafting has been successfully performed, will soon present islets, from which cicatrization progresses in directions of the nearest healing points, until all are joined by an interlacement of newly formed tissue.

Editorial Department.

Periscope.

How to Apply the Hot Water Vaginal Douche.

In the Chicago *Medical Gazette*, Dr. E. C. Dudley says—

The following is designed to impress the importance of strict observance of detail in the application of the douche, since in no other manner will its good effects be realized:—

Ordinary method of application.	*Proper method of application.*
I.	I.
Ordinarily the douche is applied with the patient in the sitting posture, so that the injected water cannot fill the vagina and bathe the cervix uteri, but on the contrary, returns along the tube of the syringe as fast as it flows in.	It should invariably be given with the patient lying on the back, with the shoulders low, the knees drawn up and the hips elevated on a bed pan, so that the outlet of the vagina may be above every part of it. Then the vagina will be kept continually overflowing while the douche is being given.
II.	II.
The patient is seldom impressed with the importance of regularity in its administration.	It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes.
III.	III.
The temperature is ordinarily not specified or heeded.	The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° Fahr.
IV.	IV.
Ordinarily the patient abandons its use after a short time.	Its use, in the majority of cases, should be continued for months, at least, and sometimes for two or three years. Perseverance is of prime importance.

The sitting posture is especially objectionable, for another reason. It favors pelvic congestion by force of gravity, while the dorsal position utilizes this force during the application of the douche.

A satisfactory substitute for the bed pan may be made as follows: Place two chairs at the side of an ordinary bed, with space enough between them to admit the lower bucket; place a large pillow at the extreme side of the bed nearest the chairs, spread an ordinary rubber sheet over the pillow, so that one end of the sheet may fall into the bucket below, in the form of a trough. The douche may then be given with the patient's hips resting on the pillow and with one foot on each chair; the water will then find its way along the rubber trough into the bucket below.

Puerperal Hæmoptysis.

In two interesting clinical lectures reported in the *Union Médicale*, Nos. 94 and 96, Prof. Peter relates some cases which have occurred in his practice, of hæmoptysis occurring either during pregnancy, or after delivery, or while suckling. There is, in fact, a normal pulmonary plethora in these conditions, revealed by an increase of temperature to the extent of half a degree (C.) or more at the lower intercostal spaces. This pulmonic plethora may in some cases become transformed into pulmonary congestion or inflammatory action, but is independent of the presence of tubercles. Not only do these cases differ from tubercular hemorrhage by the absence of the signs of tuberculization, but also, and principally, by the character of the sputa. These, indeed, may be of a bright red at first, but they speedily become of a blackish-red, and later even quite black. At first more or less large in size and distinct from each other, at a later period they are small in volume, and almost always of a slight abundance. Moreover, they are not accompanied by mucosities. In other words, they are such as are observed in pulmonary apoplexy, and, in fact, it is really a pulmonary apoplexy which gives rise to them. In typical cases of this kind there is a complete absence of fever, but in others there may be more or less fever, and even slight broncho-pulmonary inflammation. In treating such cases, according to whether fever is or is not present, mere expectation, or cupping, blistering, laxatives, and antimony, may be required.

Treatment of Internal Hemorrhoids by Hypodermic Medication.

Dr. George Ross gives this instructive case, in the *Southern Clinic*—

Miss B. has been a sufferer from internal bleeding hemorrhoids for nearly two years, at times enduring such agony as to contemplate suicide. She could not stand or walk without the protrusion of one or more tumors through the sphincter ani, and, after stool, besides the painful and disagreeable necessity of replacing the everted rectum and mass of tumors, was obliged to lie down for a considerable length of time before she was equal to the demands of her vocation. She had suffered so long and acutely, and every agent which her medical adviser had suggested having so signally failed in affording the slightest relief, that in sheer desperation she took refuge in opium, chloral and whisky, unconsciously using such quantities that she became a prey to their power. Of ointments and lotions she had used endless quantities, and losing faith in all medical men, had relapsed into a stolid indifference. About the last of September an attack of inflamed hemorrhoids made her so desperate she consulted me. Upon examination, I decided at once to adopt the hypodermic method of medication. The bowels having been previously thoroughly emptied by enema, on the morning of the 4th of October I injected ten drops of carbolized oil (℥ix olive oil and ℥j eryst. carbolic acid) into the centre of *one* tumor, throwing the fluid in very slowly, and retaining the needle *in situ* until it could be thoroughly distributed through the tissues. The almost instant effect was the whitening and partial corrugation of the mucous membrane. I then injected alongside ¼ gr. sulph. morphia, replaced all the tumors above the internal sphincter muscle, and made my patient comfortable in bed. The operation was not very painful, but the pain increased considerably in two hours, apparently because of the incessant action of the "sphincter," and lasted an hour or two. To relieve this, as well as to assist in the absorption of the tumors, I directed the application, night and morning, of this ointment:—

R.	Iodoform,		℥j
	Acidi carbolici,		
	Acidi tannici,	āā	grs.xv
	Ext. belladonnæ,		
	Pulv. opii,	āā	grs.viij
	Vaselinæ,		℥j

To guarantee a semi-solid stool, she took each morning, immediately before breakfast, a small wineglassful of Hunyadi Janos water. On the 11th of October I repeated the treatment, injecting *two* tumors, and omitting the morphine. The tumor originally injected was much diminished in size. On the 18th she was menstruating, so I was forced to postpone my injection until the 25th. At that time I could only find two tumors, and they so small that I should not have thought it necessary to do anything for them except upon the ground of making "assurance doubly sure." She declared herself perfectly well, so far as the piles were concerned, and said that she felt so entirely unlike her late self that she almost wondered whether she could really be the same individual. The third and last operation was almost painless; she did not lose a day from her school, and was equal to any amount of exercise during treatment, a thing absolutely impossible before.

Infantile Typhoid Fever.

This disease is described by Dr. Coleman, in the *Virginia Medical Monthly*—

He has seen the disease in children ranging from eighteen months to five years of age. It is marked by a daily double rise of temperature and corresponding remissions. Its critical days are the seventh and its multiple. The cutaneous abdominal eruption is much more common and marked than in the typhoid fever of adults. Besides, in the typhoid fever of children diarrhœa is absent; and it is this absence of a usually prominent symptom in adults that makes the disease more or less obscure in children. This absence of diarrhœa in the typhoid fever of children is due to the fact that in them, up to five or eight years of age, Peyer's glands are rudimentary, and therefore, do not suffer from the effects of the typhoid poison, as in the case of adults. It is a peculiar fact that the typhoid fever of old people simulates very much that of children, although it is not so wanting in risk. Dr. Coleman regards typhoid fever as contagious, but as less so than scarlet fever. He believes the true cause why typhoid fever is not more frequent among adults is, that they had the disease in childhood. "Masterly inactivity" is the principle required in treatment. A nervine now and then, mild diuretics and occasional enemata. As the child grows beyond five years of age the disease more and more resembles the fever as it affects adults; and by the age of ten years it loses almost entirely its distinctive infantile form. He has never seen a patient under ten years old die with typhoid fever, which favorable result, he thinks, is due to the undeveloped state of Peyer's glands.

Cream-puff Poisoning.

Dr. Henry Leffman writes to the Philadelphia *Medical Bulletin*:—

Articles of confectionery and fancy baking frequently produce marked irritation of the stomach, which irritation may extend into the alimentary canal. In most cases free vomiting or purgation relieves the symptoms, and after a brief condition of weakness the patient is quite restored. In a small percentage of these cases the trouble is more serious, symptoms indicating a remote effect occur, that is, the nervous system is more directly involved, and the condition is like that of true poisoning. Cream puffs, a well known article of fancy baking, seem to be especially liable to this action. I have had my attention directed to a number of instances. In one of these, about half a dozen persons who had eaten of these articles were seized, after an interval of about an hour, with violent symptoms like cholera morbus. In another instance, detailed to me by Professor DaCosta, two children were affected. In these the condition was one of prostration without marked signs of stomach

or intestinal irritation. A third instance occurred recently, and in this the cholernic character was marked and lasted several hours. I have made chemical examinations of portions of cream puffs that have caused trouble, but have not found anything that could be assigned as the cause of the action. In some shops the puffs are baked in copper pans, and it has been suggested that the metal may find its way into the crust, but in objection to this may be urged that the symptoms are not those of copper poisoning, that sufficient quantity could not be absorbed in this way, and lastly, that I have not found copper in those which I have examined. The possibility of the use of some of the imitation flavoring materials must be borne in mind. Nitro-benzole (see *Bulletin* for July. p. 50,) might be used as a substitute for bitter almonds. Bitter-almond oil often contains prussic acid, but this is very volatile and would soon be driven out in the baking. The treatment of cases of cream-puff poisoning must be directed to the symptoms. Opiates might be used to control the violent irritation, and vegetable astringents might also be given. Conditions of prostration must be met by supportive measures, warmth to extremities, and the usual methods. The prognosis appears to be quite favorable. All of the cases above referred to recovered.

First Successful Case of Cholecystotomy.

At the Royal Medical and Chirurgical Society, Mr. Lawson Tait recently reported the first successful case of this operation. The patient had been married eighteen years, had borne six children, and menstruation was normal and health good till the summer of 1878. At that time she had spasmodic pains in the right side, aggravated by walking and lifting any light weight. A swelling noticed in September slowly increased, and during last winter pain became more intense, and she presented a cachectic appearance, suffering from incessant headache, sickness and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumor, firm and elastic, without fluctuation, tender to the touch, and movable to each side. The urine gave only negative results. At a consultation with the author's colleague, Dr. Edginton, no decided diagnosis was attempted, and the opening of the abdomen was agreed upon, which was performed on August 23d, in the middle line, to the extent of four inches. The tumor was found to be a distended gall bladder, containing a white, starchy-looking fluid, and two large gall stones, one lying loose and the other impacted in the entrance of the duct and adherent to the mucous surface. The latter was removed after a tedious and very difficult operation (fully described in the paper). The stone and fragments weighed 6.11 grams. The wound in the gall bladder was stitched up to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open, and closing the rest of the abdominal opening in the usual way. The operation was performed antiseptically, under ether. The patient rallied completely in a few hours, and the dressings of the wound were found stained with healthy bile. The flow of bile from the wound continued till September 3d. The wound was completely healed on September 9th, when the patient began to take solid food, up to that time the diet having been restricted to milk and beef tea. On the 30th she went home quite restored to health. A temperature chart indicated the evenness and rapidity of the recovery. An entire absence of symptoms of gall stone rendered an accurate diagnosis impossible, but this was of less importance as late improvements in abdominal surgery made an early exploratory incision for ascertaining the true nature of the disease feasible. The author, in stating that he always used rigid antiseptic precautions in his abdominal sections, expressed some doubts as to his success being attributable in any way to them.

The Salicylates in Diarrhœa.

In the last volume of the St. Thomas Hospital *Reports*, Dr. Kilner reports experiments with the salicylates in diarrhœa. As the bismuth and calcium salts are reputed sedatives of the mucous membrane, these bases were selected, more especially as the salts they form with salicylic acid are bland and sweet, and have no irritating effect upon the throat during the swallowing of the medicine. Dr. Kilner, so far as he could trace out the results, found them almost uniformly favorable, but as he seems to have administered them only to out patients, he is not able to tabulate them. As he expected, he experienced chief benefit when the diarrhœa seemed to be entirely dependent on the heat of the weather:—

"It seems not improbable, in these cases, that the diarrhœa is an effort of nature to reduce the temperature of the body, the sweat glands being either incompetent or else not sufficiently active to perform the extra duty suddenly required of them. Here the salicylates not merely check the diarrhœa, but also cool the body by their influence on the sweat glands, assisted by the direct cooling action of the air upon the larger quantity of blood impelled through the cutaneous capillaries; and in addition, the stimulation of the glands does not terminate with the leaving off of the medicine, thus enabling the child to become accustomed to hot weather."

In another class of cases, when the diarrhœa is caused by improper food, the drug may be expected to be of use by arresting the decomposition or fermentation of substances in the alimentary canal; but when the intestinal derangement is secondary—being derived by reflex action from some other part, as occurs in the dentition of infants—no effect will be produced. During the exhibition of the salicylates for diarrhœa they give rise to two effects worthy of notice:—

"First, as long as the diarrhœa lasts the skin continues dry, or, at the most, regains its natural moisture; but this moisture varies inversely with the purging; nevertheless, even when the stools have become solid, there is rarely, if ever, much perspiration, although the same-sized doses, when given for most other illnesses, cause the child to be bathed with it. Secondly, he has never seen a case of diarrhœa in which the usual head symptoms of salicylic acid have shown

themselves, although with the same dose during other illnesses they have appeared."

He advises the salts to be given in good-sized doses—two or three grains for a child under six months, and from three to five, or more, when above that age.

Sulphite of Soda in Malarial Fevers.

Dr. L. Austin Porter says, in the *Michigan Medical News*—

I have been using sulphite of soda in many of the malarial fevers, which have been quite frequent in this neighborhood this fall. I find the results quite satisfactory, not a grain of quinine being necessary. It has appeared to me that cases thus treated are less subject to a relapse; the career of fever is cut perceptibly short, and convalescence immediately begins. I take the tongue of the patient as my guide board for the administration of this salt. When I find it presenting a broad, flabby appearance, with pale texture, and covered either with a pasty white, yellow, or brownish coat, with bad taste in mouth and fullness of stomach, sulphite of soda is my remedy; and with these signs I regard it as almost an infallible cure. But if the condition of the tongue be different from that here described, it will do more harm than good. It is absurd to administer it to a patient whose tongue is red, red-edged with fur in centre, or even covered with fur entire, while the body of it is red, or in which red papillæ are projecting up above the coating. There is nothing that will clean off the tongue quicker than this salt.

In properly selected cases it acts as a sedative, nervine, sudorific, and anodyne, bringing down the quick pulse, lessening irritability, cooling the burning skin, and soothing the aching body. My mode of giving this remedy is to use about sixty grains, divided into ten powders; one powder given every two hours, in mucilage, albumen or slippery elm tea.

New Method of Operating for Varicocele.

The *Virginia Medical Monthly* states that at a meeting of the Richmond Academy of Medicine Dr. Isaiah H. White reported the following case, in order to describe a new method of operating for varicocele: H. W., of the United States Navy, sought relief because of pain along the spermatic cord, and softening and atrophy of the testicle, due to varicocele. The operation was as follows:—

The vas deferens and spermatic artery being held aside, the scrotum is transfixed by a needle armed with a silk ligature, as in Ricord's operation—the one used in this case being a sewing-machine needle, which has the eye near the point. As the eye of the needle emerges through the counter puncture in the scrotum, the loop of silk is caught, and through it is passed a loop of catgut, which follows the needle during its withdrawal. One end of the gut is then drawn through and liberated from the loop of silk, leaving the catgut thus transfixing the scrotum behind the veins. The needle is again passed through the same puncture and counter puncture in front of the veins; one end of the catgut is caught in the loop of silk and drawn through as before. The veins are thus surrounded subcutaneously by a loop of the ligature, the free ends of which are left hanging out through the first puncture in the scrotum. The ligature is now tied, the ends cut short and returned into the scrotum and left to be absorbed. A similar ligature is then passed about an inch from the first.

At the end of three days the patient was walking about his room, the testicles being supported by a suspensory bandage. On the seventh day he returned to his ship, at which time everything seemed to be progressing favorably.

If future experience should demonstrate the success of this method, much will be gained in the time spent in waiting for the detachment of the ligatures in the other methods heretofore in vogue, which not infrequently amounted to several weeks.

Cold Baths in Typhoid Fever.

In the last volume of the St. Thomas Hospital *Reports*, Dr. Ord continues the subject of baths in hyperpyrexia, on which he published an instructive paper in last year's *Reports*. He now details ten cases of enteric fever in which the graduated bath was used, and two of which ended fatally. Notwithstanding this somewhat average death-rate, he is of opinion that the systematic employment of this kind of bath as early as the seventh or eighth day of fever is likely to contribute importantly to the reduction of mortality from enteric fever in hospitals. He sums up, most concisely, his observations, as follows:—

"That the graduated bath—reduced during a period of from twenty minutes to thirty minutes, from between 90° and 100° to 70° and 60° Fahr.—is a powerful agent in the reduction of febrile temperatures; that in enteric fever it is most efficient and most safely applied early in the disease; that it is not contra-indicated by intestinal, cerebral, or pulmonary complications, but, on the contrary, distinctly tends to check them; that it is contra-indicated by excessive feebleness or rapidity of the pulse, or by great exhaustion; that it is desirable in many cases of intense fever to use the bath more than once, in fact, to repeat it so long as the fever is unchecked, but not to repeat it at shorter intervals than twelve hours, an apparent revival of the temperature often subsiding after such a period."

The Cold Bath in Infantile Convulsions.

In the *Canada Medical Record*, November, 1879, Dr. T. K. Holmes observes—

In my own experience eighty per cent. of all cases of convulsions in children occur during fever, and I believe are nearly always caused by the elevation of temperature alone. The ordinary treatment of such cases is unsatisfactory: chloroform, first recommended by Sir James Simpson, will control the spasms, but in many cases these occur in such rapid succession that no intermission can be perceived; they continue whenever the anæsthetic is stopped, and our only recourse is to continue its administration until the fever yields to medicine or subsides spontaneously. I have followed out this plan of treatment in

many cases, often successfully, and frequently not so.

I have notes of four fatal cases in which the inhalation of chloroform was continued from six to thirty hours. The administration of medicine in these cases is always difficult, sometimes impossible, and is generally attempted with risk to the already weakened heart. This is true of bromide of potassium, chloral, veratrum, aconite, etc., while quinine acts too slowly to be depended upon in any severe case; warm or hot baths are sometimes useful, when, by inducing perspiration, they reduce the temperature, but every medical man knows that they often fail to arrest the convulsions.

The cold bath fails so seldom that it may be considered a specific. The spasms will frequently continue until the temperature has been reduced to 98½°, but at this point they are almost invariably arrested. Several years' experience with this plan of treatment has inspired me with the strongest confidence in its usefulness, and yet a desire not to have its value over-estimated compels me to admit that there are cases in which convulsions will return or continue notwithstanding the reduction of temperature, but such cases are rare, and probably are complicated by organic lesions, as tubercular meningitis.

A Case of Prolonged Gestation.

The following case is reported in the *American Journal of Obstetrics*, by Dr. E. N. Lewis, of Carver, Minn. :—

Mrs. D., aged thirty-four, married, and mother of four children. Menstruated on the 28th day of August, 1875; had connection with her husband second day thereafter: symptoms of pregnancy (morning sickness) manifesting themselves within ten days, there was no doubt that she was enceinte. Quickening took place at four and a half months, and everything being normal, she expected to be confined, at the furthest, in the early part of June. I contemplated visiting Philadelphia, but at her urgent request I remained to deliver her, and did remain until the 20th of June: then, there being no indication of labor, I started on my centennial visit, returning home on the 27th day of July. I found that she had not yet given birth to the child, nor did labor set in until the night of the eighth of August. Nothing unusual was encountered except a firmly ossified head, the fontanelles being firmly closed, though the head was small; no appearance of an over-developed fœtus existed. The labor was completed in six hours; mother and child both did well. Taking the date of last menstruation, to June 7th, 1876, would make 280 days, to August 8th, would make the time between menstruation and delivery 341 days.

Hypodermic Injection of Ether in Sciatica.

In the Cincinnati *Lancet and Clinic* Dr. Whittaker reports the following case, illustrative of this treatment in a case of sciatica which had resisted the ordinary treatment for that disease, such as quinia, hypodermic injections of morphia, iodide of potassium, arsenic, belladonna, wine of colchicum, electricity and counter irritation.

J. McG., married, thirty years of age, farmer, nervous temperament. Present condition emaciated, loss of appetite, loss of sleep, intense pain along the whole tract of the left sciatic nerve, and radiating upward from the exit of the nerve under the pyriformis muscle to the sacral and lumbar regions. Muscles of the leg and hip considerably atrophied; temperature much reduced, so much so that the patient complains of coldness and numbness. The system under the influence of morphia, which has been kept up about a month.

The morphia was immediately withdrawn and injections of ether commenced. First injection of fifteen minims immediately produced warmth and reduced the pain, and the patient slept soundly that night, for the first in two weeks. Afterward used five injections on the five days succeeding, one each day, averaging twenty-five minims each. Improvement continued steadily. Patient put on comp. phos. pil. and iron. Appetite immediately returned, sleep returned, use of leg gradually returned, muscular atrophy disappearing, and he is now well. No abscess formed, only slight callous forming around the puncture.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

EXCHANGES.

——The *North American Review*, now published monthly in New York city, is one of the most substantial periodicals in this country. The January number has an able presentation of his plan of an inter-oceanic canal, by M. De Lesseps, and an article on the metaphysics of science, by Prof. Whewell, which is worth the attentive study of every lover of positive science.

——The New York *Nation* is, beyond doubt, the leading literary critical journal of this country. Its editorials are always incisive, and its reviews of books generally fair; although the determined effort of the paper to be always and invariably right, and hence to admit no corrections, seems to us unnecessary nowadays.

——Lippincott's *Magazine* always has fresh and pleasant stories, excellent descriptive pieces, attractive wood cuts, and sufficient solid matter to make it suit all tastes in the household.

——The *Atlantic Monthly*, for January, appears on superior paper, with a list of first-class contributions from the most prominent writers of the country, especially New England. It will easily maintain the lead it has taken among journals of its class.

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THE OBJECTS OF TRUE PHYSICAL CULTURE.

Professor Goldwin Smith apparently likes to establish his authority as a critic by disparaging American institutions and habits. In a late article in the Princeton *Review* he has some not very sensible remarks on the plan and extent to which athletic sports are carried on at English and American colleges. He attributes them, in England, to the ennui of an aristocratic class, and in America to an imitation of England. He further complains that the direction which athletic sports take is not a useful one beyond its immediate effects, and that rowing a shell or walking against time are almost as little connected with anything useful as trundling a hoop. Leaving out of the question the unhealthy interest which is engendered in cruel and degrading forms of athletic exercise, such as the long-distance walking matches, the vulgarizing influence of the hero worship of coarse and ignorant athletics, and the gambling spirit which is manifested so forcibly at public exhibitions of sports, all of which are by him counted as drawbacks to the present exposition of athleticism, the system entirely lacks, he says, the useful purpose which might be given to it.

Now it might appropriately be remarked that these accessories are not at all necessary adjuncts to athletic exercise, and they are quite as much associated with elections, for example, and yet no one would, on that account, advocate the abolition of the right of suffrage.

But the great error in all this reasoning, that we would point out, is, that exercise, athletic sport, should be "hooked to some useful end;" that boys should be taught a trade to develop their muscles, or that the force expended in a gymnasium should somehow be utilized to run a lot of sewing machines. Nothing of the sort. Exercise, to be beneficial in the highest sense, should be for itself alone; it must not be work in any sense; it should pursue its own objects, and no other; it should be made a pleasure and not a labor; it should be utterly divorced from ulterior notions of economizing expended powers; and this should never more firmly be insisted on than in the case of those abnormal creatures who say they take no pleasure except in useful work.

The theory of scientific gymnastics is directed to bring about three qualities in the tissues.

1, Responsiveness; 2, Endurance; 3, Strength. The first of these is displayed in suppleness or agility. The muscle is well under the control of the will; it responds at once, with promptness and to the required extent. The quick blow of the prize fighter, the exactly graded and lightning-like motion of the swordsman, are examples. Not only is the nervous message transmitted from the central organ to the muscle with the utmost rapidity, but the contraction of the muscle is just so much and no more than the designed effect demands for its accomplishment. This is what we mean by *Responsiveness.*

Endurance is the capacity of repetition of the same act, the reiterated discharge of the same amount of nerve force to produce equal muscular contractions for an indefinite period. It is the "staying power" which the tissues must acquire in order to do their best work. It also means

the learning and adoption of the line of least muscular force to perform a given task. This is slowly acquired, but when once known, allows of the performance of apparently most onerous tasks with little effort.

Strength is the third, and, beyond a certain moderate amount, least important end of athletic training, although it is often put first. The utmost strength that it is possible for any one to acquire is strictly limited by conditions of age, height, weight and structure beyond the individual's control; nor is it at all necessary to develop the strength of muscles to their utmost in order to reach their utmost physical perfection. Quite the reverse, indeed, is the case.

To develop these three qualities of tissue wholly different methods of physical culture are required. They do not go hand in hand. The country lout with big muscles that can throw an ox has, as a rule, little endurance and less responsiveness. All army surgeons know how soon these big strong fellows will break down. The circus clown, agile as a cat, is often physically weak, and with no more endurance than an ordinary mortal.

Moreover, all three of these qualities are to be imparted to all the muscles of the body, in proportion to their uses, so that a symmetrical development may be secured. The blacksmith, with his mighty right arm, but who is "blown" in a foot race of a hundred yards, and the ballet dancer, with her legs like Diana's and her arms like pipe stems, are familiar examples of the absence of symmetry.

We cannot at this time, nor is it necessary to, explain the procedures which skilled teachers of gymnastics employ to secure the best results in their pupils; but enough has been said, we hope, to show that the wish to make this noble and beautiful art secondary to some or any utilitarian end is a foolish one, unworthy of any admirer of athletic sports, of any physician, of any sanitary reformer. Let it be pursued for itself alone; the fruit it yields is worthy of the toil, and it were unsound doctrine to ask for more.

Notes and Comments.

The Relation of Cryptogamous Growth to Malarial Poison.

In the Atlanta *Medical and Surgical Journal*, Dr. J. G. Westmoreland makes some noteworthy observations on this subject. He states that during the months of July and August, 1847, and in the same months of 1879, the greatest number of mushrooms were seen all over the uncultivated land of the forest near Atlanta. So abundant were they in both of the years referred to, that casual observers wondered at the immense number of "frog-stools" seen in the woods. The experience of 1847 gave Dr. W. good reason for predicting troublesome fever to follow the appearance of the large crop of cryptogams in 1879, and it has been signally verified.

He supposes the fever in question had its cause in the germs or sporules of the numerous cryptogams mentioned. It is known that the mushroom is the growth of a night and has the duration of a day. Falling down, the innumerable spores rise and are wafted by the breeze so as to infect the atmosphere in the neighborhood around. The fever coming on at a suitable time after the breaking down and drying of mushrooms, and assuming features different from typhoid and marsh-malarial fevers, he thinks the conclusion just, that there is something more than coincidence in these things.

A more probable suggestion would be that the same meteorological causes which led to the unusual growth of mushrooms favored also unusual development of the quite different organic growths which give rise to malarial fevers. In other words, the relation is one of coincidence, not of identity.

Dr. Howard's Method of Restoring Suspended Animation.

This method was recently investigated by a Committee of the Royal Medical and Chirurgical Society, of London.

The committee are of opinion that Dr. Howard's suggestions as to the following points are very valuable, and might be adopted with advantage: 1. The removal of fluid from the air passages and stomach. 2. The position of the head and trunk during the performance of artificial respiration. The more fully extended position of the head, as recommended in Dr. Howard's rules is preferable to that in the figure published by the Royal Humane Society, inasmuch as it secures greater patency of the superior aperture

of the larynx, and is less likely to offer any impediment to the ingress or egress of air.

One of the members, Mr. Hulke, said he had practiced both. Howard's plan was good in certain respects, especially with regard to the position of the tongue and chin, but on the whole, Sylvester's was better, more convenient, and sometimes more speedy.

The Toague in Malarial Affections.

At the last meeting of the Medical Society of Delaware, Dr. Wm. Marshall exhibited some drawings showing a condition of tongue he believes pathognomonic of malaria. The middle of the tongue is coated with a dirty brown fur, which thins off toward the point, where the color of the papillæ can be seen pressing through the attenuated coating, while on the side of the fur there are clean, smooth, depressed margins, having a bright red color. The sides or edges of the tongue are flattened, pinkish, and traversed by sharp lines, creating the impression to the eye of the observer that the parts are crenulated, striated, corrugated, puckered or crimpled—either term having a shade of appropriateness—but which, upon close inspection, will be found situated in the substance of the tongue, leaving the mucous membrane even and smooth to both sight and touch.

[For similar suggestions on this subject see Hall's *Manual of Differential Diagnosis*, p. 45.]

Water Traveling as Inducing Abortion.

The people of Brazil, according to Dr. H. Lite, of San Mateo (St. Louis *Medical and Surgical Journal*), believe that abortion is readily induced by boat voyages. He says—

"Abortions are not rare. The people attach much importance to canoe passages as the cause, because some women have aborted after them. Be the cause either horseback traveling or canoe voyaging, abortion is very common here. I do not attach much importance to such alleged causes, and I believe that if the canoe voyages produce abortion, it is not by the physical impression that they do so, as the people believe. It is my opinion that it is sometimes the moral shock which women, naturally timid, suffer when they journey on the water, which is the most direct or the approximate cause of abortion in such circumstances."

In view of the frequency of trans-Atlantic voyages, it becomes an interesting question whether this "moral shock," together with the sea sickness, does not often lead to similar results.

Ether with Cod-liver Oil.

Years ago Dr. B. W. Foster, of Liverpool, recommended the combination of ether with cod-liver oil, as rendering the oil more palatable and more assimilable. It is mentioned in the first and all subsequent editions of *Napheys' Therapeutics*. A Committee of the New York Therapeutical Society appointed to investigate the subject reached the conclusions—

1. That the addition of ether to cod-liver oil in about the proportion of fifteen minims to each half ounce, or an equivalent amount of the compound spirit of ether, will succeed, in the vast majority of cases, in enabling the patient to take the oil, even though it previously disagreed.

2. That in some cases in which the oil still disagrees after the addition of the ether, the difficulty may be overcome by giving the ether separately, from fifteen minutes to half an hour after the oil is taken.

The Bsnzoate of Sodium.

The inhalation of the benzoate of sodium in phthisis continues to attract attention in Germany. Prof. Rokitansky, of Imspruck, was the first to advocate it, and Dr. Winternitz and others who have visited his clinic report upon it very favorably. They aver that nearly all cases improve upon it, at least at first. This result is categorically denied by many other observers.

Its success as an agent in diphtheria is attested by Dr. Letzerich, of Berlin. The pseudo-membrane is dusted with powdered benzoate, applied through a glass tube or quill, two or three times a day. Older children may use a gargle of one part to twenty. The temperature and pulse together decline under this treatment. The pseudo-membrane contracts and becomes thinner and more transparent.

Squire's Operation for Port-wine Nævus.

Mr. Squire has made what he deems some important improvements in his operation for nævus. He describes it as follows:—

At the first operation I divide the skin into small squares, by two series of parallel incisions, the one set crossed at right angles to the other, just as in my former method; but the incisions, instead of entering the skin perpendicularly, enter it slantingly. I may call the one series of parallel incisions longitudes, and the other cross series latitudes. At my first operation the obliquity of the longitudinal incisions is directed eastward, and that of the latitudinal ones southward. At the second operation, executed about a week afterward, the lines of longitude and

latitude are reexecuted still in the same directions respectively, only that now the obliquity of the longitudinal incisions is directed westward, while that of the latitudinal ones is directed northward. In this way the obliteration of a port-wine mark may be effected in a fortnight, if the whole of the mark be operated on at once, although it may often be more convenient to treat the mark piecemeal. There are various little details special to this modification of the operation, which demand attention: but the above are the main features of the new process.

Correspondence.

Parasitic Bronchitis, Husk or Hoose.

Ed. Med. and Surg. Reporter:—

Judging by what has come under my notice since the pleuro-pneumonia scare last spring, I am inclined to think that the farmers and dairymen throughout the State, with few exceptions, class all bronchial affections of cattle under the head of pleuro-pneumonia: and I am sorry to say that I think, in many cases, they are supported by amateur veterinarians, who find it very convenient, when called to see a case they do not understand, to go with the tide and say the animal has (the fashionable disease) pleuro-pneumonia. This is accepted without cavil, and the "Vet" saves his reputation and the farmer loses a cow or calf, as the case may be; and yet he is satisfied, as he knows nothing about the diseases of cattle, and especially diseases that are very seldom discussed through the agricultural journals.

Therefore, as we very seldom see an article in any of the journals on parasitic bronchitis, husk or hoose, I will call your attention to a few cases, not with the view of introducing anything new, as I think the disease is, or at least should be, understood by veterinarians. But I am afraid amateurs know very little, if anything, about it. On October 28th a friend of mine was called to see some calves that were sick at Mr. John Heinly's place, in Northampton County, and on arriving at Mr. Heinly's he found one in a dying condition and five others very sick, and was told that two had died before he was called on: the third died that afternoon, October 28th, and the doctor made a post-mortem and brought a portion of one of the lungs to me that evening. I found, on examining it, that the disease was parasitic bronchitis, husk or hoose, and advised him to give to the remainder of the calves that were sick half a drachm of turpentine and half a drachm of linseed oil, three times a day; and should any of the cows become affected, to give them one drachm of the turpentine and oil at a dose, and in either case make the animal inhale turpentine. This can be done by putting some bran in a bucket and then pouring a small quantity of turpentine in it, and over all boiling water. The bucket must be held under the animal's nose, so that the steam may penetrate, not only to the frontal sinuses, but to the trachea.

There were two died after that, one on November 12th and the other on the 20th. This case, the doctor writes me, had been improving very fast, until Mr. Heinly turned the animal out in the meadow that the calves were in when first taken sick, and it died in about a week afterward. There was one cow affected with the disease, but she recovered.

Cause.—As the name indicates, this disease is caused by parasites in the bronchial tubes, and as a general thing affects calves that are pastured on low, marshy meadows. Prof. Gamgee, in speaking of this disease in sheep, says (page 365) the strongylus filaria is a worm from one to two and a half inches in length, the male smaller than the female, and yellowish, whereas the latter is white: and on page 366 says, in calves similar parasites abound, under certain circumstances, in the respiratory organs. The strongylus vitutorum (Reed) or strongylus micrurus (Mehlis).

Cluter, by Armatage, says, page 508, this disease most commonly attacks young lambs and calves during the first year, and generally seizes them while at grass in the summer: and he further says, in some dry summers it has carried off large numbers: then again, on page 509, he says, worms in horned cattle, we believe, are not very common.

Dr. Tellor, in "Diseases of Live Stock" (a very good work published in this city), defines it, page 339, as a disease caused by the irritation in the windpipe, bronchial tubes and lungs of a parasitic worm called the strongylus, and also tells us that the disease is very fatal to sheep in many parts of this country. Prof. Law, in the "Farmers' Veterinary Adviser," page 100, says the calf, horse, ass and mule have the strongylus micrurus of from one and a half to three inches long; and on pages 101 and 102, describes the symptoms very minutely, and offers very sound advice as to prevention; and on page 103, says the symptoms in the sheep goat and camel are the exact counterpart of those in the calf. As to prevention, he says all the measures advised for the calf will apply equally well here. Prof. Williams, in speaking of hoose in calves, says, page 660: this disease very closely resembles that in lambs, and is caused by a parasite termed the strongylus micrurus. Cobbold, page 335, says, the nematodes of the ruminants are both numerous in and destructive to their bearers, those infesting the lungs being productive of a parasitic bronchitis, termed husk or hoose, and in cattle the strongylus micrurus is particularly fatal to calves, while the strongylus filaria attacks sheep and lambs.

Symptoms.—The following are some of the most prominent symptoms: Animal dull and losing flesh and strength, frequent grinding of the teeth, and if compelled to move will lament or groan; breathing labored, cough harsh, and sometimes in the act of coughing the animal will discharge large flakes of matter, in which on examining it, we can very often detect bunches or nests of parasites; as the disease advances the breathing becomes more labored and sometimes catching, as if the animal was suffocating.

Post-mortem.—On examining the lungs we will find they differ very much in different cases; in some we will find both very much inflamed, and

in others one inflamed and the other apparently healthy. But in all cases, on making an incision through the lung and exposing the small bronchial tubes, we will find them filled with mucus containing more or less of the parasites, and on exposing the large tubes we will very often find bunches or nests coiled together like a rope and completely closing the tubes. They are from one to three inches long, and about as thick as the fine white wrapping yarn used by grocers and druggists. On opening the trachea (windpipe) and examining the mucous membrane, we will, in the majority of cases, find them adhering to it; in fact, I don't think there is any part of the respiratory organs exempt, and in support of this assertion, I will cite a case. Dr. Cobbold says, page 335, about the middle of October, 1875, he received from Mr. George Farrow, of Durham, a fresh and characteristic specimen of diseased lungs, in which the bronchia was swarming with filaria, and in reference to the case itself, Mr. Farrow informed him, by letter, that the calf was one of a herd of seven.

Now, in conclusion, permit me to repeat that I think this disease is met with quite frequently, but not understood by amateurs, and if this brief sketch will be the means of causing them to investigate, not only this, but all other diseases of cattle, I will feel amply rewarded for the time spent in writing it. JAMES MCCOART, V.S.

317 *North 22d Street, Philadelphia.*

Post-partum Intra-uterine Injections.

ED. MED. AND SURG. REPORTER:—

As you some time ago solicited contributions from country practitioners, I send you a brief account of a case, which, if of sufficient interest, please give a place in the columns of the REPORTER.

On the 22d of October, 1877, was called to Mrs. K., a small, thin woman of highly nervous organization, about twenty years of age, in her first labor. Found the head presenting in the first position, pains slight, and os dilated about the size of a five-cent piece. The pains continuing slight and ineffectual, prescribed an anodyne, to be taken at bedtime, and left, to return in the morning unless required sooner. On the following morning found my patient had slept some during the night, the labor had progressed satisfactorily, and, the os being pretty well dilated, and everything favorable, ruptured the membranes, when expulsive pains soon came on, recurring vigorously every three or five minutes for nearly an hour, when unmistakable signs of exhaustion coming on, gave chloroform, applied the long forceps and extracted a well-developed female child, weighing a little over eight pounds. Considerable hemorrhage followed the expulsion of the placenta, but this soon ceased by the uterus becoming firmly contracted. She rallied pretty well, but soon complained of severe hypogastric pain. At five P.M., five hours after delivery, found my patient unrelieved of the pain, restless, with a pulse at 130, temperature 102, skin dry, tongue coated and vaginal discharge scanty. Introduced the catheter and drew off about three ounces of turbid urine, had hot fomentations applied to the abdomen and vulva, and gave a teaspoonful of the following mixture every three hours:—

R.	Tinct. aconite rad,	f. ℥ ss
	Spir. æth. dulc.,	f. ℥ ij
	Liq. ammon. acetat.,	f. ℥ xiiiss
	Quin. sulph.,	℈ j. M.

Also $\frac{1}{6}$ gr. of morphine every two or three hours, for the pain.

October 23d. Patient passed a restless night; pulse the same, temperature 103; continued the treatment, and gave intra-uterine injections of Nichol's solution of carbolic acid and hot water, (℥ j to the pint) every four hours. 6 P.M., temperature 102½°, pulse and other symptoms the same.

October 24th. Patient passed a better night, probably from fifteen grains each of chloral hydrat. and bromide potassium. Pulse 120, skin hot, temperature 103½° and considerable tenderness over abdomen. Treatment continued. 6 P.M.; tenderness of abdomen about the same, as were the other symptoms, with the exception of the temperature, which was reduced to 102¾°, which I attributed to the recurrence to the use of the intra-uterine injections, which had been suspended during the night.

From this time on, for several days, with varying symptoms but gradual improvement, under supporting treatment and quinia, with intra-uterine injections three times a day (which seemed alone to have any effect in controlling the temperature, as on their cessation it would invariably rise), up to the third of November, when I was summoned in great haste to my patient, who had passed through a severe chill and was now in a violent reaction, with a temperature of 107¾°. Resorted at once to an intra-uterine douche, and repeated every two hours, which, as before, always had the effect of steadily reducing the temperature, so that by the following morning it was at 102½° and patient more comfortable, and from this time on recovery, though very slow and tedious, was uninterrupted. Since the chill the internal treatment consisted mostly of quinine and the most concentrated nourishment—given as freely as could be taken. The interesting features to me in this case were, first, the extreme high temperature (even for so short a time) not proving fatal, and second, the unmistakably rapid effect of the intra-uterine douches in reducing the temperature, especially the remarkably high temperature of 107¾°. The patient always expressed herself as much relieved by the injections, and was frequently comforted by a short sleep. F. E. CLARK, M.D., Visiting Physician to S. R. Smith Infirmary and Child's Hospital, *West New Brighton, Staten Island, N. Y., Dec.* 23, 1879.

Injurious Marital Relations.

ED. MED. AND SURG. REPORTER:—

I have just finished reading the twenty-ninth chapter of Dr. William Goodell's "Lessons in Gynecology," and it has so pleased me that I write you to say that it cannot fail to win for Dr. Goodell the utmost esteem from the profession. There is not, and never will be, written another

sueh a chapter in all of our medical literature. It is valuable beyond measure. The physician who does not carry with him that lesson is void of certain elements which make him thoroughly what he professes to be. It should be read by every medical man and the lesson it inculcates constantly borne in mind. If the publication of this letter would bring the lesson before a single practitioner I hope you will publish it, for it would be doing a good work. Respectfully,

Cedar Rapids, Iowa. H. L. Green, M.D.

[The chapter to which our correspondent refers is entitled "The Sexual Relations as Causes of Uterine Disorders," and it certainly lays bare, with startling fidelity, some far too common abuses of married life.—Ed. Reporter.]

News and Miscellany.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service; October 1, 1879 to December 31, 1879.

Bailhache, P. H., Surgeon. Relieved from duty port of New York and ordered to Philadelphia temporarily: thence to resume his duties as member of the National Board of Health. Oct. 25th, 1879.

Hutton, W. H. H., Surgeon. Relieved from duty port of New Orleans and ordered to Detroit. November 1st, 1879.

Fessenden, C. S. D., Surgeon. Relieved from duty, port of Portland, Maine, and ordered to New York. October 25th, 1879.

Doering, E. J., Surgeon. Relieved from duty port of Philadelphia and ordered to Portland, Maine. October 25th, 1879.

Austin, H. W., Assistant Surgeon. Relieved from duty port of Key West and ordered to New Orleans. November 1, 1879.

Stoner, G. W., Assistant Surgeon. Relieved from duty port of Buffalo and ordered to Philadelphia. October 25th 1879.

Fisher, J. C., Assistant Surgeon. Detailed as chairman of Board for the Physical Examination of Candidates for Promotion in the Revenue Marine Service, November 20, 1879. Granted leave of absence for nine days from December 19th, 1879. December 17th, 1879.

Godfrey, John, Assistant Surgeon. Ordered to proceed to New Orleans, for temporary duty during illness of Surgeon Austin. December 29th, 1879.

Goldsborough, C. B., Assistant Surgeon, Detailed as Recorder of Board for the Physical Examination of Candidates for Promotion in the Revenue Marine Service. November 20th, 1879.

White, R., Jr., Assistant Surgeon. Ordered to Buffalo. October 24th, 1879. Orders to Buffalo revoked; ordered to report to Surgeon Fessenden, New York, for duty. November 12th, 1879.

Irwin, Fairfax, Assistant Surgeon. Upon expiration of leave of absence to proceed to Charleston, S. C. October 31st, 1879.

Glazier, W. C. W., Assistant Surgeon. Relieved from duty port of Charleston, S. C., and ordered to Key West, Florida, October 31st, 1879.

Cook, H. B., Assistant Surgeon. Relieved from duty port of Pensacola, Florida, and ordered to Buffalo, New York, December 1st, 1879.

O'Connor, F. J., Assistant Surgeon. Ordered to Philadelphia for temporary duty. November 10th, 1879. Ordered to Buffalo, New York, for temporary duty. November 12th, 1879. When relieved by Assistant Surgeon Cooke, to rejoin his proper station. December 9th, 1879.

Porter, F. D., Assistant Surgeon. Assigned to temporary charge at Detroit Marine Hospital. October 25th, 1879. When relieved by Surgeon Hutton to proceed to Chicago and report for duty to Surgeon Miller. December 17th, 1879.

PROMOTIONS.

Austin, H. W., Surgeon. Promoted to be Surgeon, from November 1st, 1879. November 3d, 1879.

Gassaway, J. M., Passed Assistant Surgeon. Promoted to be Passed Assistant Surgeon. December 12th, 1879.

Smith, Henry, Passed Assistant Surgeon. Promoted to be Passed Assistant Surgeon. December 12th, 1879.

Stoner, G. W., Passed Assistant Surgeon. Promoted to be Passed Assistant Surgeon. December 12th, 1879.

RESIGNATIONS.

Ellinwood, C. N., Surgeon. Resignation accepted; to take effect October 2d, 1879. October 2d, 1879.

Brown, J. A., Surgeon. Resignation accepted; to take effect November 1, 1879. November 7th, 1879.

Dana, C. L., Assistant Surgeon. Resignation accepted; to take effect November 15th, 1879. November 11th, 1879.

Vivisection in Germany.

Richard Wagner, the musician, has written an open letter against vivisection. He tells physiologists to "look into the eyes" of the animals they torture, and he is sure they will drop their instruments.

Professor Zollner, of Leipsic, has expressed his belief that vivisectionists are to a large extent responsible for "Nihilism in religion and morality;" and he counsels them, instead of continuing their evil practices, to study "animal magnetism." Notwithstanding these authoritative utterances, the German public are not, apparently, inclined to call for the kind of legislation which has been adopted in England. At a meeting held in Leipsic last month, Herr von Weber denounced the medical profession as guilty of great cruelty. In these days, he declared, doctors regarded their patients rather as "materials for experiments" than as persons to be helped, so that hospitals had been virtually transformed into laboratories. The only effect, however, of the orator's indignant eloquence, was, that three cheers were almost unanimously given for a distinguished physician against whom he directed his most violent attacks.

Results of Sanitary Science.

Statistics have recently been published showing that as sanitary science has progressed in Great Britain, the prevalence of disease and the rate of mortality have correspondingly decreased. In all large towns public opinion makes the adoption of sanitary measures a chief feature of local administration. The decrease of the death-rate during the twelve years, 1867–1878, was very marked in the chief cities of England and Scotland. Comparing the six years, 1867–1872, with the six years, 1873–1878, it appears that the average death-rate per 1000 persons, in Liverpool, decreased from 31.1 in the former period to 28.1 in the latter, being a gain of 9 per cent.; in Manchester, from 31.2 to 29.1, or nearly 7 per cent.; in Leeds, from 27.3 to 25.6, or 6 per cent.; in London, from 23.6 to 22.7, or less than 4 per cent.; in Birmingham there was a slight increase from 24.2 to 24.9. Still more favorable results were realized in Scotland. In Edinburg the rate of mortality fell off from 25.8 during 1867–72 to 22.1 during 1873-8, a gain of 14 per cent.; in Dundee, from 27.7 to 24.4, or 12 per cent.; in Glasgow, from 30.6 to 27.3, or nearly 11 per cent.; in Aberdeen, from 22.5 to 21.7, or 3½ per cent. It has been estimated that, had the average death-rate of 1867–72, continued during 1873–78, the number of deaths during the latter period, in twelve leading towns of Great Britain, would have been 61,000 greater than it actually was. In other words, the decrease in the death-rate, which has been attributed chiefly to the advancement of sanitary science, resulted during six years in saving, or rather prolonging, 61,000 lives in 12 cities.

Prof. Tyndall's Theory of Contagion.

This distinguished physicist is a bold dabbler in medical theories. His last assertion is that diseases are propagated, not by effluvia or sewer gas, but by solid particles discharged into the atmosphere by currents of air or gas. This he proved by the following experiment: He cut up a piece of steak, steeped in water, heated it at a little above the temperature of the blood, then strained off the liquid; in a short time this fluid became turbid, and when examined through a microscope was found to be swarming with living organisms; by the application of heat these were killed, and when the solution was filtered he obtained a perfectly pure liquid, which, if kept free from particles of dust, would remain pure for an unlimited period; but if a fly were to dip its leg in fluid containing living organisms, and then into the pure liquid, the whole would be swarming with animalcula in forty-eight hours.

Diphtheria in Russia.

Diphtheria has been for several years a veritable scourge in Russia. Under date of January 8th, a St. Petersburg despatch to Reuter's Telegram says: "The local Red Cross Society of Kharkoff, in view of the terrible distress prevailing in the province through the ravages of diphtheria, have formed medical and sanitary detachments to assist the Government to combat the disease." A learned physician, Dr. Speranski, states that whereas the death rate by smallpox in Russia is 25.5 out of every 100 attacked; by scarlatina, 25; by measles, 12.8; by whooping cough, 5.1; by typhus, 11.2; the percentages of mortality by diphtheria reaches the alarming figure of 40.

A Monument to Galvani.

Bologna has erected to the memory of the illustrious Galvani, the great discoverer of animal electricity, a monument, in which he appears in the act of touching with two different metals the lumbar nerves of a vivisected frog. It will be remembered that it was accidentally, and in a course of a series of vivisections of frogs conducted for quite another purpose, that Galvani observed the twitching of the muscles of the limb of the frog as it swung backward and forward; and the bare sciatic nerve touching the metal, the first inkling came to him of the discovery of electricity which is known by his name.

Compressed Nitrous Oxide as an Anæsthetic.

Foreign journals inform us that M. Paul Bert's new method for producing anæsthesia—nitrous oxide used under pressure—has been introduced into the Paris hospitals. Last month, M. Léon Labbé performed seven surgical operations, of which the duration varied from five to thirty-two minutes, in the movable chamber put up at the Lariboisière Hospital by Dr. Fontaine, for the surgical and medical employment of compressed air. As in the operations already performed at the medico-pneumatic establishment in the Rue Chateaudun by M. Péan, the success of this new anæsthetic method was complete.

Veterinary Board of Health.

We learn from the *Observador Medico*, of December, that they are trying, in Mexico, to establish a veterinary board of health, and to pass a law compelling the owners and others having charge of domestic animals to report to the same, at once, any enzoötic or epizoötic disease. The board is then forthwith to appoint a commission of veterinary surgeons, whose duty it shall be to investigate the nature of the disease, and to take such measures as may seem best calculated to prevent its further progress. It is likewise to prohibit the sale of meat, milk, hides, etc., of the animals attacked.

Early Maturity.

In Valencia there is a female child, twenty months old, who presents all signs of puberty. She is 86 cm. (34 inches) in height, and walks without support; the labia majora are large, the mons veneris is covered with an abundance of hair, she menstruates regularly—a leucorrhœal discharge preceding each period—her mammæ are well developed, and the nipples notably large.

Personal.

—Dr. John Buchanan, the diploma vendor of this city, is again in trouble, this time about an alleged abortion case.

—A marble statue to Bourgelat, founder of the Veterinary School of Paris, was unveiled in that city, October 30th. When will veterinary science receive like recognition in this country?

—The death of Miss Mary Stanley, sister of Dean Stanley, took place last month. The event merits record in these pages, because of her eminent services in practical philanthropy, and especially as she was the founder of the "Flower Missions," which have, through her example, cheered the wards of so many hospitals.

—The well-known Professor of Experimental Physics at Cambridge, England, James Clerk Maxwell, M.D., LL.D., F.R.S., died November 5th. Professor Maxwell was an accomplished mathematician and successful investigator in physics. His "Treatise on Electricity and Magnetism," and "Theory of Heat," are his best known works.

—The oldest member of the Paris Académie de Médecine, M. Chevalier, has recently died, in the eighty-seventh year of his age, having been elected in 1824. He had been also a Professor of the Ecole de Pharmacie, and was editor of the *Journal de Pharmacie* for many years. He was one of the most active of the members of the Conseil de Salubrité, and few men have done more than him in originating improvements in public hygiene, especially as regards alimentary substances.

Items.

—Paul Boyton has injured his health to such an extent, by his reckless habit of floating up and down rivers, as though he were a regular crocodile, that he is forced to go to Florida for the winter.

—George Eliot's physician told her she must never again attempt literary work, and an exchange says, we want that doctor to come right to this country and take care of Joaquin Miller, and several other literary gentlemen.

—The discovery that about forty bodies have been stolen, for dissecting purposes, from Oakwood Cemetery, at Richmond, Va., since cold weather set in, has caused much excitement in that city. The exhumed corpses are supposed to be those of colored persons chiefly.

OBITUARY NOTICES.

—Dr. David L. Eigenbrodt, of New York City, died January 30th, aged 69 years. He had for some years retired from active professional duties.

—Dr. J. B. Alolcott, Surgeon General of Wisconsin and a member of the Board of Managers of the National Soldiers' Home, died of pneumonia, in Milwaukee, on Monday night.

—Dr. R. C. Thomas, of Bowling Green, Ky., died very suddenly, at the bedside of one of his patients, December 28th, 1879. He was an esteemed physician, and highly respected in the community of his residence.

—The late Dr. Joseph S. Longshore, of this city, whose death occurred recently, founded the Female Medical College of Pennsylvania, in 1850, now known as the Women's Medical College of Pennsylvania. He drafted the charter which was passed by the Legislature, and devoted his time and money to securing, furnishing and fitting up the college building. It is to be regretted that he did not see clearly the advantage of embracing his labors strictly within the lines of scientific medicine.

QUERIES AND REPLIES.

Quinine in Diphtheria.

Mr. Editor:—I have been treating, with the best of results, quite a number of cases of diphtheria and croup by the insufflation of quinine. Will some of my medical brethren try it and report results? N. S. Read.

—*Dr. I. W. J. of Texas*, writes:—I should like to have the opinion of the readers of the Reporter as to blistering in pneumonia. In their experience is it beneficial? When is it indicated? etc.

We shall be pleased to have the opinion of a number of readers on this important point.

—*Dr. I. W. of O.*—No index to first series of Half Yearly Compendium was printed.

MARRIAGES.

MUHLENBERG—FELL.—In Wilkesbarre, Pa., December 23d, by Rev. F. B. Hodge, Dr. H. E. Muhlenberg, of Lancaster, Pa., and Emma J. Fell, of Wilkesbarre.

NEWTON—SNYDER.—December 25, at the parsonage in Paulsboro, N. J., by Rev. G. R. Snyder, Samuel E. Newton, M.D., and Miss Mary A. Snyder, daughter of the officiating clergyman.

PETERS—COOKE.—On November 27th, 1879, at his residence, Storm Lake, Iowa, by Rev. Joshua Cooke, Dr. Goodwin E. Peters, of Wabash, Ind., and Miss Nelly M. Cooke, daughter of the officiating clergyman.

DEATHS.

BERNACKI.—On Monday, December 29, Dr. C. W. Bernacki, of New York.

CONE.—In New York, December 20, 1879, Dr. Robert C. Cone, aged 68 years and 8 months.

EIGENBRODT.—On Saturday, January 3, David L. Eigenbrodt, M.D., at his residence, No. 127 West Thirteenth street, New York.

ELMER.—At Bridgeton, N. J., November 28, Macomb K., son of Dr. William Elmer, of Bridgeton.

GROSS.—In Camden, N. J., on the 5th instant, Leon Coates, twin son of Dr. C. B. and Fannie A. Gross, aged 13 months and 15 days.

GRYDER.—On December 25, in Fulton township, Lancaster county, Pa., Walter E., son of Dr. M. R. and Anna M. Gryder.

HARPER.—In Cincinnati, Ohio, on the evening of Saturday, December 20, Dr. T. L. Harper.

MORRISON.—At Marietta, Ga., December 31, in his 27th year, Sterling Morrison, M.D., son of the Rev. A. M. Morrison, of Philadelphia.

OTTO.—In this city, on Sunday, 4th inst., Matilda, daughter of the late John C. Otto, M.D.

WILLIAMS.—In Cincinnati, Ohio, Mrs. Mary Williams, beloved wife of Dr. Thomas Williams, at the residence of her daughter, Mrs. Charles L. Mills, 114 Broadway, after a protracted illness, aged 66 years.

THE

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Original Department.

Communications.

STATISTIC, CLIMATIC AND ALLIED FEATURES OF SCARLET FEVER.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

In this article I propose to treat briefly of several features of scarlet fever, mainly statistic and climatic, all of which, perhaps, receive but little careful study, but which are worthy of the attention of the practical physician as well as the medical philosopher. No special preliminary remarks are called for. I may say, however, that, whether my statements are open to criticism or not, all the figures I shall give may be taken as correct.

The Graveness of the Disease.

Scarlet fever is one of the most fatal scourges that afflict the human race. Of the diseases called zymotic it is, in Philadelphia at least, the most destructive to life. Excepting consumption and pneumonia, no other disease is accountable for so many deaths, unless that composite affection, cholera infantum, be taken into account. In the ten years ending with 1878, there were destroyed by it 5264 persons, or 819 more than by typhoid fever. This number is equal to one in every thirty-two and six tenths (32.6), or a trifle over three per cent. of the total mortality. Nor is its relative importance as a cause of death less in the United States as a whole. According to the Census Report for the year ending June 1st, 1870, the deaths from it were more than from any other disease, excepting consumption, pneumonia and enteric or typhoid fever. The number from it was 20,320, from consumption, 69,895, from pneumonia. 40,012, and from typhoid fever, 22,187. It caused one death of every twenty-four and two tenths (24.2), or a little over four per cent. of the total mortality.

History of the Disease.

Scarlet fever does not come and go, like Asiatic cholera, yellow fever, and several other destructive diseases; it is a lingering pestilence. For over fifty years the city of Philadelphia has never been free from it. And it is a growing evil. It is said by Dr. Gregory, in his "Practice of Medicine," that it appeared on this continent as early as 1735; but at any rate, it prevailed here in the autumn of 1783, and was carefully observed and described by Dr. Rush. From the spring of 1784 little was heard of it until 1793, a year in which it prevailed at various places in the United States. From 1807 until 1830 only 152 deaths are attributed to it in the bills of mortality of the city. From 1812 until 1818 no deaths from it were reported. In 1831 there were about 200 fatal cases of it. In 1861 it caused eight and fifty-nine hundredths (8.59) per cent. of the total mortality. In 1872 there were but few cases of it, the mortality from it being only eighty-eight hundredths (.88) per cent. of the whole; but in 1875 it had gathered sufficient power to cause five and seventy-nine hundredths (5.79) per cent. of the total mortality. In his great work, "The Principl Diseases of the Interior Valley of North America" (1854), Dr. Drake says that it prevailed in Kentucky and Ohio between 1791 and 1793, and again in 1808, under the name of "putrid sore throat," and that since 1824 it has never been absent from the Mississippi Valley. Indeed, it is, so far as is known, a modern disease; but in his "Lectures on the Principles

and Practice of Physic," Dr. Watson, with some reason, ventures to say that "in all probability it had long existed, and had been always confounded with measles." It seems that it was first distinguished from measles in a work by Giovanni Filippo Ingrassias, a celebrated physician and anatomist of Naples, published in 1556; but these two diseases were, doubtless, often confounded, up until the time of the English physician, Withering, who, in an essay published in 1778, pointed out clearly the distinctive differences between them. It was not regarded by Sydenham as a very serious disease. In his works we are told: "If we overtreat the patient by confining him to bed, or by throwing in cordials and other superfluous and over-learned medicines, the disease is aggravated and the sick man dies of his doctor." It is not improbable that many cases of it, in our day, are "overtreated" with "learned medicines," and consequently, that many a one suffering from it "dies of his doctor." However, as known to us, it is often a very malignant disease, one which every manner of treatment is powerless to resist. In some outbreaks of it over fifteen per cent. of the patients have perished.

Relations of Climate to the Disease.

Almost all medical writers who see fit to say anything on the subject declare of scarlet fever, as does Dr. Bristowe, in his "Practice of Medicine," that "its prevalence seems independent of season and of climate." It is worth while to look and see if this statement may not be questioned. The influence of climate on it may be disposed of first. Considerable light ought to be cast on this subject by the mortality statistics of the United States, collected for the census year ending June 1st, 1870. From them can be gained at least an approximately correct idea of the extent of its ravages in different sections of the country. The following table gives the number of deaths from it, to 100,000 of the population, in each of the States:—

Alabama	1.3	Maryland	42.4
Arkansas	3.3	Massachusetts	62.8
California	85.3	Michigan	60.0
Connecticut	54.0	Minnesota	54.1
Delaware	48.3	Mississippi	2.9
Dist. Columbia	53.0	Missouri	61.0
Florida	5.5	Nebraska	83.3
Georgia	1.0	Nevada	352.5
Illinois	85.1	New Hampshire	30.0
Indiana	21.0	New Jersey	85.6
Iowa	27.3	New York	77.7
Kansas	98.3	North Carolina	1.3
Kentucky	6.0	Ohio	20.7
Louisiana	9.4	Oregon	17.7
Maine	63.0	Pennsylvania	160.4
Rhode Island	88.5	Vermont	16.3
South Carolina	2.5	Virginia	3.5
Tennessee	2.3	West Virginia	35.6
Texas	2.4	Wisconsin	96.7

This table shows that the disease is far more common, or at any rate that a far greater number of deaths occur from it, in proportion to the population, in the northern than in the southern States of the Union. Dr. Drake, in his work already quoted from, says that epidemics of it "have been far more frequent and fatal in the middle and northern than in the southern States." From the table it would seem that it is, in most of the southern States, a disease of minor importance. The greatest mortality from it is not in the most northerly, but in the middle States, as regards latitude. It is proper to say here that it may be justly assumed that the relative mortality in different sections of the country is very similar every year to what it was in the census year.

Relations of Season to the Disease.

In his account of scarlet fever, Sydenham says, "It may appear at any season; nevertheless, it oftenest breaks out towards the end of summer." An examination of the mortality statistics of the city of London for the thirty years ending with 1874, made by Mr. Buchan and Dr. Mitchell, shows that the maximum death rate occurs in October and November, and the minimum in March, April and May; there being sixty per cent. more than the average in the former and over thirty less than the average in the latter months. Evidently the season has something to do with it there. In the "Treatise on Diseases of Children," by Drs. Meigs and Pepper, it is said: "The disease prevails at all seasons, but it is most frequent in the spring and summer, and next in the autumn." This is all that is said on the subject, and whether or not the statement is based on statistics of the nation or of the city of Philadelphia, or is merely a surmise, does not appear. The mortality from the disease in the United States, in the census year ending June 1, 1870, is, with the exception of five deaths of unknown dates, distributed over the months as follows:—

January	2205	July	1216
February	2393	August	1096
March	2726	September	927
April	2294	October	1000
May	2146	November	1281
June	1326	December	1705

Here it is seen that in the first quarter there were 7324 deaths; in the second 5766; in the third 3239; and in the fourth 3986. According to the season there were in spring 7166 deaths;

in summer 3638; in autumn 3208; and in winter 6303. The order of fatality of the months, beginning with the one in which it is greatest, is: March, February, April, January, May, December, June, November, July, August, October, September; and of the seasons: spring, winter, summer, autumn. The following table gives the mortality from the disease in Philadelphia for the seventeen years ending with 1878, in each month:

January	882	July	586
February	779	August	440
March	912	September	309
April	816	October	439
May	838	November	548
June	787	December	705

Here it is seen that the mortality in the first quarter was 2573; in the second, 2441; in the third, 1335; and in the fourth, 1692. According to the season, there were in spring 2566 deaths; in summer 1813; in autumn 1296; and in winter 2366. The order of fatality of the months is: March, January, May, April, June, February, December, July, November, August, October, September; and of the seasons: spring, winter, summer, autumn. It would appear that the meteorological conditions from toward the end of June forward until near the end of October tend to restrict and destroy the disease. This effect may not be direct; it may be brought about indirectly, through either a change in the human organism or a change in the mode of life of the people, or both.

Now, there is a remarkable difference between the seasonal relations of the disease in London and in Philadelphia; in the former the mortality from it is greatest in autumn and least in spring, and in the latter it is greatest in spring and least in autumn—a complete contrast. How can this be accounted for? If the disease is regarded as directly subject to climatic conditions, of course, it may be said that in London the climate in autumn is most favorable to the development of the disease, and that in Philadelphia the climate in spring is most favorable to its development. The mean temperature of the months (October and November) in which it prevails most in London is 48.2°, and the relative humidity 85; and the temperature of the months (March, April and May) in which it is least prevalent is 47.3°, and the humidity 77. Of March, the month in which most deaths from it occur in Philadelphia, the mean temperature is 39.6°, and the relative humidity 67.7; and of September, the month in which least deaths from it occur, the temperature is 65.8°, and the humidity 70. From these figures it would appear that if the cause of the disease is a germ, a living organism, and it is subject to climatic conditions, it must be different in nature as found in the two cities. Again, if the doctrine that the degree of prevalence of diseases at different seasons of the year is dependent on the "varying degree of vital action proceeding within the body at the different seasons of the year," as Dr. Edward Smith puts it, is true, and the cause of the disease is one and the same everywhere, it follows that the condition of the body in the two cities must be the reverse at the two seasons. Here is a most interesting problem for the practical physician to consider. And again, if the prevalence of the disease is to a great extent dependent on certain complex social conditions and surroundings, which vary with the season, these must be best unfolded at contrasting periods of the year in the two cities. It is certain that the matter is difficult of explanation.

Cyclic Nature of the Disease.

A remarkable feature of scarlet fever is the secular variation in its degree of prevalence from year to year, which is noticeable. In an article on epidemic cycles, in the *British Medical Journal*, September 1st, 1877, Dr. Ransome shows that this disease prevails to an unusual degree every fifth year. This law is very observable in the records of it in Philadelphia. The number of deaths from it each year, for sixteen years, is as follows:—

1864	349	1872	174
1865	624	1873	319
1866	491	1874	461
1867	367	1875	1032
1868	224	1876	328
1869	799	1877	359
1870	956	1878	554
1871	262	1879	336

The probability is very strong, then, that it will be very prevalent in 1880. The probability of its prevailing in a severe form is so great that the health authorities of the city should put forth extraordinary efforts to prevent it. No pains should be spared to avert, if possible, the impending calamity, to smite powerless this dreadful enemy of the nursery.

How is this cyclical feature of the disease to be explained? Possibly, every fifth year an unusual number of persons very liable to contract it have accumulated. At any rate, I do not know that there is any special peculiarity in the meteorology of every fifth year; nor am I aware that there is any astronomical or other reason why there should be. Compared with the mean per month of the three years ending with 1877, however, the temperature in 1875 was about four degrees lower in January, February, March and

April, and somewhat lower in every month excepting May and December. The pressure was above the mean in every month excepting April, May, October and December. The rainfall was a little less than usual in each of the first seven months; and the wind was slightly less in most of the months, and easterly to an unusual degree in March. The first four months of 1875 averaged nearly six and a half degrees lower than those of 1874. Certainly, as far as temperature was concerned, it was a remarkable year. The greater cold than usual of the early months could not be without effect on at least the social behavior of the population, which is intimately related, I believe, to the prevalence of the disease.

Meteorologic Relations of the Disease.

Temperature, humidity and other meteorologic conditions which favor the prevalence of scarlet fever, are doubtless, to a degree, special to each locality. The conditions that would most favor it in London might, and do, have far from the same effect on it in Philadelphia. The local conditions, including the condition of the population, have to be taken into account; and the variation of these from year to year, from month to month, makes it all but impossible to point out the meteorologic conditions most favorable to it in any place for any length of time. Careful consideration of the matter teaches me that, from the mortality statistics of the disease, it would be useless to attempt to draw any conclusions save the very general ones on the subject given above. From a correct record of the cases of the disease and their date of origin, a more detailed study might be profitably made; but a contagious disease admits of but limited inferences of this kind. However, it should be remembered that, as a freezing temperature stops all activity in organic matter and low organisms, it may be taken for granted that if the disease were due to an infection propagated in the atmosphere, a heavy frost would put an end to its existence. A high heat would have a similar effect. Doubtless, too, both a very low and a very high temperature would render inert the exhalations from a person suffering from the disease. A moderately high temperature and humidity is most favorable to vital activity; hence, such an atmosphere is most favorable to the spread of the infection of any disease. This is witnessed in the increase in mortality from the disease toward the end of spring, in spite of counteractive influences, which are evidently then at play, and which are very palpably felt later in the season. From such considerations the practical physician should draw useful lessons. In recommending a warm room for a patient suffering from the disease, or from any other of the zymotic class, one advises just what favors most the contraction of it by those that are near. Not only for the sake of those that are near to him, but for his own, the patient should be kept, as a rule, in a room the air of which is cold and dry; for contact with and breathing such air cannot but be antipyretic. In speaking of the treatment of measles, in an essay on that disease, Dr. Rush makes some remarks which are very applicable to the disease now under consideration. He says, "In the admission of fresh air I observed a medium as to its temperature, and *accommodated it to the degrees of action in the system.* In different parts of the country, in Pennsylvania and New Jersey, I heard with great pleasure of the cold air being used as freely and successfully in this disorder as in the inflammatory smallpox. The same people who were so much benefited by cold air, I was informed, drank plentifully of cold water during every stage of the disorder." The Doctor got this plan of treatment from Sydenham, and it fully includes, in principle at least, the heroic treatment of the disease under consideration by the free application of ice, which was suggested and forcibly advocated by Dr. Corson, in this journal, some eight or nine years ago.

(*To be Continued.*)

THE RELATIVE MERITS OF THE GYPSUM JACKET AND ADJUSTABLE SUPPORTS IN THE TREATMENT OF SPINAL DEBILITY.

BY E. P. BANNING, M.D.,

Of Boston, Mass.

So great has become the prevalence of spinal irritation, caries and curvature, as to make the question of the *best* means of their mitigation an absorbing topic. I select two for comparison, the Gypsum Plaster Jacket and the Spinal Prop.

As both plans embody merit, I propose to impartially analyze their *modus operandi*, in the light of physiological law and of natural philosophy, with a view to settling the question as to which of them afford the *greatest* advantages, both as to the temporary and immediate, and the *ultimate* and *permanent* interest of the subject.

We will suppose the *subject* to be somewhat as follows: the bodies of some of the vertebræ are softened or tending to softening, to say the least; their intervening cartilages are seriously compressed, widened and thinned; the *face* of the

spine is shortened, and its dorsum correspondingly extended; the spinous ligaments and dorsal muscles, in consequence, are put upon a corresponding strain, and the superincumbent weight of the superior trunk, by an acquired leverage, is coerced to increase these abnormal conditions, and all of these conjointly must tend to progressive irritation, inflammation, softening and absorption of cartilage and bone, and also, to a painful strain upon the spinous ligaments, and an attenuation and exhaustion of the spinal muscles. It must also tend to compress the primæ viæ and depress the diaphragm; impede free respiration and depress all the pelvic organs; also, to impede the force of the sanguineous and nervous circulations in the inferior extremities. Add to all this, also, the fact that there is probably a constitutional cachexy; and further, that the nervous system greatly preponderates over the osseous and muscular, which is much against the patient.

Now, in order, first, to comfort, and secondly, to save the patient (apart from requisite constitutional treatment), several things imperatively demand to be done—

1st. Crushing superincumbent weight must be removed from the softening points of the spine, compressed cartilages, exhausted spinous ligaments and muscles.

2d. There must be some actual *lifting* force brought to bear upon the depressed abdominal viscera and the settling upper trunk, so as to assist the inadequate abdominal and spinal muscles in lengthening the shortened face and shortening the elongated dorsum of the spine.

3d. There must be no depressing influence left upon the abdominal and pelvic viscera, or upon the circulating communications of the extremities; and no compression of the first digestive organs, nor any restriction on the freest movements of the ribs, lungs or heart.

4th. And whatever we may do, nothing must compromise or jeopardize the largest strength and activity of the spinal, abdominal and pectoral muscles.

Each of these points are of *cardinal* physiological importance, more especially as relates to the permanent reëstablishment of the patient; and none of them may in any wise be disregarded for mere *temporary* advantage. With all these points in mind, we will proceed to give the patient what support and erection we can by the application of the Gypsum Jacket. Look at it on the subject. We see it to be a skin-fitting and unyielding appliance; that it fits with such tightness and uniformity everywhere that the patient can stand, and is really straighter. Settle down he cannot, for he is literally hugged and squeezed into some straightness.

Now, were there no other considerations than that of straightening the spine to be looked after, we might always depend on an almost indefinite amount of improvement by this process, aggressively managed. But how does this mere circular jacket accomplish all the above-named indications? Certainly, not by the slightest direct vertical support or elevating action on the depressed abdominal organs or settling upper trunk, nor by any actual supporting, expanding or spring action; but on the contrary, by a mere circular, horizontal and squeezing action, and that, too, around the middle of the trunk, and over those vital organs which demand the freest action in the performance of their indispensable functions.

Let us scrutinize the internal working of this process. First, the stomach, liver and spleen are being compressed, which will tend to derange the process of digestion; the bowels are also more or less depressed, which will tend to induce urinary irritation, constipation, piles and uterine obliquities and displacements from bowel weight, and this pressure is also liable to be extended to an obstruction of the nervous and sanguineous circulations, inducing numbness and weakness of the inferior extremities; and the most palpable of all, the action of all the pectoral muscles and lungs is seriously impeded, so that respiration has mainly to be performed by the abdomen, while in the case of a scrofulous and consumptive tendency, the lungs are in danger of congestion and lack of necessary motion.

Suppose that these visceral effects are sometimes averted, still, with so small an opportunity for the restoration of the spinal, pectoral and abdominal muscles by inherent effort, how is the patient to recover his wonted strength? For, in real truth, muscular laxity is always a strong underlying element in the case, and has been more influential in its establishment than was any specific local nucleus of disease in the spine; hence, the reënfranchisement of the whole set of trunkal muscles is second to no other object in the treatment, and this enfranchisement has to come mainly through systematic effort.

I have asked the above questions with emphasis, in view of the fact that my early and later efforts to mitigate uterine, spinal and other weaknesses by artificial supports, were, and still are, met by the objection that if you support a part that should support itself, it becomes weaker, and you will always have to support it; and yet

here the cure is attempted by a process which *literally* paralyzes muscular effort, and is a direct infringement upon the most vital functions. Notwithstanding this, I am convinced that *force* enough will straighten almost any spine (or a crowbar, even); but by this method how are you to keep it straight and give *permanent* spinal and muscular vigor to the body? But these criticisms may be met by the citation of cases of complete success in curvature and caries, and of complete restoration to muscular vigor, just as in the case of fractures, etc. To this I reply, first, that in fractures there is no *vital* function involved, or any danger to the muscles from their temporary confinement. Next, that the question does not stand, as to what *can* be done, or *borne*, under an emergency, but rather, is there not a *more excellent* way, which is equally effective, and at the same time avoids the specified drawbacks.

We will now, in turn, consider the construction and working of the Revolving Spinal Prop. (See figures 1 and 2.) This appliance consists—

1st. Of a basic framework, which fits so evenly just inside and above the edges of the *in-*

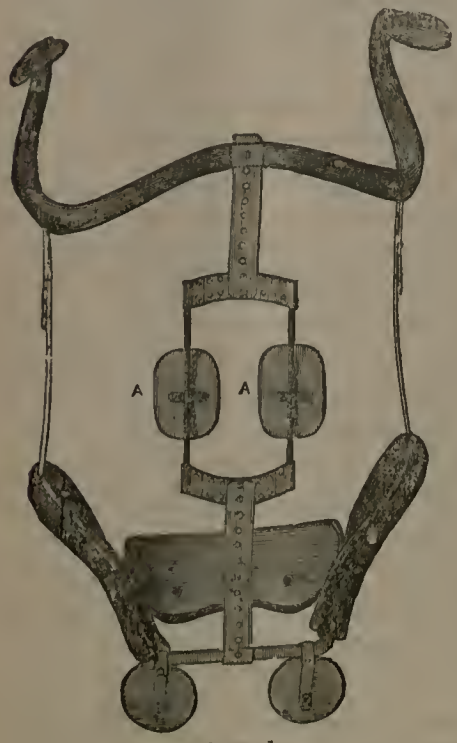

FIGURE 1.

nominata, as to make it immovable, and enable it to bear any amount of weight without giving pain. This also has an undulating and supporting abdominal plate attached, which exerts a strong *upward* action.

2d. This *terra firma* is surmounted by soft crutches, which are held under the axilla by jointed side posts, which are attached to the frame as a base.

3d. Next is a long spinal lever with revolving plates on a hollow square, which is attached at top and bottom to the shoulder crutches and base. Thus we see it is a supplement to the pelvis, spine and chest, and also, to the abdominal, spinal and scapular muscles.

We will now place this appliance upon the subject. (See figure 2.)

1st. We see the pelvic framework sitting quietly inside and above the unyielding pelvis, and ready to bear any desired amount of superincumbent weight complacently.

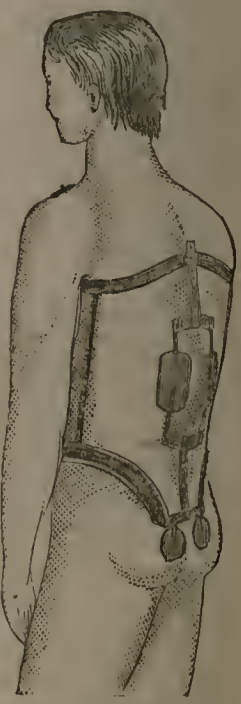

FIGURE 2.

2d. By the lifting and undulating action of the abdominal plate at the lowest hypogastrium, the depressed viscera are all elevated from the pelvic organs, and the arteries, veins and nerves of the extremities; also, that the viscera are compelled to *ascend* to their normal height to support the upper viscera and expand the trunk, at the now contract d region of the epigastrium.

3d. The jointed side-posts, resting on the arches of the base, force the soft crutches to support and lift the superior trunk off from the cartilages, softening vertebræ and digestive organs, and thus to tend to straighten the settling spine.

4th. The spinal lever and its revolving plates on the hollow square, gently and yet forcibly brace forward the retreating curvature toward its proper spinal axis, and compel the shoulder caps, which are its antipode point, to correspondingly draw back the advancing shoulders. Thus, by the simultaneous and conjoint lifting action of the lower part upon the abdomen, of the crutches under the axilla, and the bracing forward and drawing back action of the revolv-

ing plates and the shoulder caps, all the trunkal muscles (and bones as well) are supplemented; the whole trunk, without and within, is lengthened and expanded; the face of the spine is steadily lengthened, and its dorsum shortened; and the dissolving bones and cartilages are relieved of a disorganizing pressure; the pelvic organs and the circulation of the extremities are relieved from any depressing force; the viscera also are restored, and the warming and stimulating support of the bowels; the inverted diaphragm is again concave-convexed; the heart is properly supported, and the freest play given to all the organs of respiration.

Furthermore, a mere superficial glance will suggest that there is not one backward, inward or contracting depressing action, nor the compression of one vessel, viscus or muscle; but that, on the contrary, the spine and abdomen are shoved *outward* and *forward*, just as in the action of the abdomen, spine and scapula, when a man thinks enough of himself to bring those muscles into requisition in health.

Without a doubt, curative or mitigating results may occasionally be wrought by both of the contrivances under discussion. But, as before said, the question stands, not as to what has been, or *can* be done, in instances, in *spite of principles*, but rather, which is most in accord with and in imitation of the combined forces of the body, and accomplishes its object with the least contravention of physiological law.

In *bilateral curvature*, unequalized weight from a one-sided base is the cause and perpetuation of the trouble. It is also manifest that to reverse the force of the body's weight to the opposite side, at each point of curvature, is the true principle of cure indicated; consequently, if we shift the body's weight from the right to the left foot we accomplish the desideratum, for this effects a complete reversal of all the crushing and curving forces to the opposite side, at each point of curvature, thereby causing weight to brace against each spinal convexity, and also to relax the strong muscles on one side, and to compel the dormant and lax muscles to commence to work, so that by the joint action of a double reversed gravity and a double reversed muscular action, the bilaterality is crushed and dragged into axis.

But this, like the producing curve, is to be done *specifically* at one part and at the convexity of each curve, if we would have any aid from nature, philosophy or physiology. This action we found in the Centripetal Spinal Lever, which yieldingly but forcibly braces each curvature toward the true spinal axis, thereby balancing the body upon the opposite foot and upon the spinal centre, and causing the very weight which made the curvature to restore symmetry and strength by crushing out the same.

But where is there the slightest approximation to a specific lateral action, even at *one* point—and much less at *two*—by the simple coffin or unyielding jacket? It is not and cannot be in it. All that can be done by it is to *stretch* the crooked form, and in that state so unyieldingly confine and stiffen it that it *cannot* crook. In this case the pressing or supporting points will be at the top of the jacket on one side and at the bottom on the other, often pressing at those points with severity, but not one ounce of action but the squeezing one is exerted anywhere, nor the slightest approach to equalization of weight or muscular antagonism. On the contrary, they are discouraged.

Spinal irritation is a phase of spinal trouble which, though not necessarily attended by any curvature, is second to no caries in point of the local and general suffering which it involves. It may not involve the slightest curvature, nor any apparent undue compression or inflammation of the cartilages; nor even congestion or redness of the *medulla spinalis* or its meninges. Often, in the worst of these cases, dissection has found none of the footprints of this malady in any of the spinal tissues.

The phenomena are, sense of pain and tenderness over the whole or a portion of the vertebræ; fugitive or permanent pains in some or all of the viscera; pain, pressure, dizziness, confusion and noises in the head, with vigilance, anxiety, sleeplessness and inability to either think or stop thinking. Usually, all these symptoms are aggravated by standing, twisting the body, or walking.

Various and many are the theories of its pathology. Some, that of local spinal irritation; some, reflex action from the uterus and other organs, and probably there is, at times, some truth in each of these in turn; but, as a rule, the corresponding local and internal treatments fail to cure, and very often to ameliorate, even. But by far the most common theory is that of an irritated or diseased condition of some tissue of the spinal column, which must be met by diverting such morbid action to the surface by a counter surface action. This is undertaken, first, by moderate counter irritants, which (as the failures may indicate) are to become more and more severe, from repeated blisters to setons, the caustic potash, and the moxa, and at length, to

the actual white hot iron down the full length of the spine on each side.

But however obscure and unsatisfactory the various pathologies of irritation of the spinal tissues are, and however unsuccessful the counter-irritating treatments are, one thing is nearly certain; if you place your hands under each axilla and gently lift for five minutes, or if you, at the same time, support the abdomen and the small of the back, the greatest sufferers universally speak of a sense of rest from uneasiness and pain. Now, while this cannot prove the existence of any particular condition of the spine, it must clearly show that weight and friction on the vertebræ aggravate the local and radiated sufferings, and most forcibly suggests that a *part* of the remedy, at least, is to elevate the abdominal viscera from the irritable uterus and ovaries, and at the same time a part of the weight from the irritable cartilages, ligaments and nerves, and also to preserve the privileges of air, exercise and the diversions of society.

For the accomplishment of all this, we have, first, the circular and mere horizontal supports, of which there are two kindred varieties, first, the Gypsum Jacket, second, the Laced Jacket, armed with spiral springs. The action of the first is like a broad hoop to a slim, green putty figure, and does not remove *any* weight, either by supporting the abdominal organs or the weight of the upper trunk.

The second class of supports is that represented by a modification of Fig. 1. This appliance differs from Fig. 1 only in having no hollow square, because there is no curvature; its long lever here acting simply as a *bracing support* or an artificial spine. The interpretation of the whole is, first, to elevate and compact the whole line of viscera from the uterus, and compel them to support the spine from within, as the body does its garments; next, to protect the irritable points from a constant aggravating weight and from jolts; third, to push forward the dorso-lumbar curve, so as to relieve the vertebral bodies and cartilages from pressure, by balancing the weight of the body directly over and upon the central processes of the spine.

—Prof. Barbeck, at the recent meeting of the Philadelphia Academy of Natural Sciences, directed attention to the statements contained in the German papers, that Mr. Wickersheimer, of the University of Berlin, had prepared a fluid for the preparation of animal and vegetable tissues which surpasses anything before known, in its power of preserving the color, form and elasticity of specimens treated with it.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINICAL LECTURE BY PROF. DACOSTA, JANUARY 3, 1880.

REPORTED BY FRANK WOODBURY, M.D.

Aphasia—Re-education of Adult Brain.

I thought, gentlemen, that you would be interested in learning the progress of some of the cases that have been before you lately. Here is one case of aphasia, associated at first, as you remember, with hemiplegia, and subsequently with rigidity of certain muscles of the right side, involving the upper extremity particularly. His loss of speech was so marked that his whole vocabulary was limited to two words, "yes" and "no;" the "yes" predominating, "no" being used only on rare occasions, and less clearly enunciated.

This case we analyzed at our former meeting* with some care, and finally concluded, and so stated our belief, that the central lesion producing these symptoms was situated in the anterior portion of the left cerebral hemisphere, in what has been called Broca's region, more particularly the third inferior frontal gyrus, the trouble being connected originally, as we believed, with the formation of a small clot, around which there was subsequently developed an incipient area of softening, at least to a limited degree.

Our treatment was directed principally to improving the nutrition of the brain, in order to restore, as far as we could, the injured part to its original condition, and bring back the power of speech, by reviving the function of the speech centre. As the class will recall, we made a number of tests which demonstrated conclusively that the muscular apparatus of articulation was not paralyzed on the one hand, and on the other hand that his intelligence and powers of comprehension were not impaired, as he performed complicated movements when requested to do so. The fault lay principally in a loss of the power in the speech centre to coördinate the muscles of phonation so as to produce certain sounds (aphasia), and secondly, it was found that his memory of words was also impaired to a certain extent (amnesia). The inability to write certain words (agraphia) was present to such a degree in this man that he could not write anything, but we have some doubts as to whether he had ever acquired the art of writing. [It was subsequently ascertained that the inability to write was due to ignorance.]

The general improvement of the nervous centres we endeavored to accomplish by the use of the phosphates, cod-liver oil, and the occasional administration of iron. He was also kept at rest and had good food, in other words, a regimen that would clearly supply alike nutritious material to the general system and indirectly serve to build up and regenerate nerve tissue. That was the first indication. As to the manner in which this part of the treatment has succeeded, I shall tell you that the man's general nutrition has im-

* See Reporter, vol. xli, p. 533.

mensely improved. He has gained flesh and has a good color; the right-sided hemiplegia and subsequent muscular rigidity have almost entirely disappeared; if we except some feebleness of grasp of the right hand, which still exists, we may say that little or no evidence is present of what was once a most marked condition. It is but fair to remark, in connection with the previous history, that while under observation he has had several convulsions preceded by vertigo. These attacks were sudden in their onset, brief in their duration, and generally followed some excitement, such as prolonged conversation or entertaining visitors; they were associated with flushing of the face and all the signs which we usually associate with marked cerebral congestion. This was an additional proof of a cerebral lesion, with persistent organic changes, accompanied by capillary hyperæmia. These spells were attended by unconsciousness, which, however, did not continue long, and shortly after these attacks he seemed as well as before; the aphasia did not increase, nor was there any lasting impairment of intelligence. The symptoms have improved but not yielded to treatment, nor can I say that they will ever entirely yield to treatment. The prognosis, as I told you before, is not favorable as regards perfect recovery.

But there is another part of the case in which you may be interested, as I confess that it is the part that has interested me the most. You will ask "has the speech come back," and "what success has attended our efforts to cultivate his memory of words?" You shall see for yourselves in a moment, if there is any improvement or not. As a child is taught to speak, word by word, so we have systematically trained him daily to repeat words, and finally sentences. It was the education of an adult brain. It required a good deal of trouble and a good deal of time, in order to attain a success; the credit of which belongs to the resident physician, Dr. Wetherill, who took this trouble and gave the time, making him repeat, word after word, his daily lesson. Gradually, he became so that the words remained in his memory, and he was, after many efforts, finally able to enunciate them clearly. The man was re-educated. Partly as a result of this improved brain nutrition, and partly because the constant practice enabled him to again associate words and ideas, he soon began to say things that we had not taught him, and mentioned matters connected with his previous life of which we were ignorant, such as the fact that he had once driven a milk wagon, which we did not know, and there was nothing in our words to suggest to him.

The treatment, therefore, has been largely successful. You may ask me in reference to a remaining feature of the treatment: "Had the electricity applied to the muscles of articulation and the tongue any influence upon the result? Could this systematic peripheral irritation have anything to do with the stimulation of the speech centre by reflex action?" I am inclined to think that it had. At all events, it was carried out systematically, weak Faradaic currents being applied with the electric brush to the tongue and anterior part of the larynx.

Having told you about the treatment, I will now exhibit the case, in order that you may judge how much improvement there has been since the former occasion when we examined him, and particularly, how much the power of speech has improved, as well as the general mental condition. If the patient do not fail me, from nervousness at being brought before us, you will see a proof of his great recent accomplishments. We will now test him: He walks well, has a good grasp, and all the movements of the hand, and follows me intelligently with his eyes, and indeed, rather anticipates my directions. He puts out his tongue readily, and as Dr. Wetherill conducts the exercise, he gives correct answers when asked the names of the different resident physicians; and now reiterates the statement that he was first in the "milk wagon business" and subsequently in the "tavern business;" as you see, he gives quite intelligent answers.

Now, gentlemen, here is a proof of the re-education of the adult brain. The man carries on a connected conversation, and unless flurried, he answers questions fairly well, so that you can understand what he means, and this conversation could be carried on for hours. I consider that this was a triumph of patience, to bring him up to his present state; nor do I think he will stay here, but will continue still further to improve, within reasonable limits. He will regain his speech so as to be able to attend to his business and answer all ordinary demands, except that he will hereafter, in all probability, be subject to occasional attacks of cerebral congestion. He can go about his work from morning until night if nothing happens to flurry him. He would be liable, however, at any time, under great nervous excitement, to be deprived again of the power of expression, from aggravation of the original trouble. The brain, however, will never regain, absolutely, its normal condition.

Case of Sarcina Ventriculi and Dilated Stomach—Injections with Alkaline Solutions.

Now I will show you another patient that you have seen before, whose progress I wish to report to you. This was the case of dilated stomach, in which we washed out the stomach four weeks ago, in your presence. We have since continued these washings as part of the systematic treatment. You may remember that I made out my diagnosis before the class; and in my examination demonstrated the greatly increased limits of the dilated stomach by the altered area of percussion sound. I also told you that we had found sarcinæ in the vomited matter, which showed a frothy scum, and which he ejected in large quantities almost every day. As I then explained the diagnostic points, which were systematically passed in review, I need not dwell further upon them at present. What you particularly want to know is, what have been the results of the treatment by washing out the stomach? Gentlemen, they have been extremely favorable. It is true that the washing out of the stomach was attended with a good deal of difficulty. The patient, at first, struggled against it, and it required considerable perseverance and courage on the part of both patient and resident physician in order to effect it. But the patient has now become so

convinced of the value of it, that when, in the ward the other day, I told him that it would be discontinued, instead of being pleased at the prospect, he really grumbled.

The results of the treatment are that the vomiting has disappeared. Remember, he had been a chronic dyspeptic, and that the daily attacks of vomiting and constant flatulence made his life miserable. The usual remedies common in such cases had been exhausted; the only one to give even temporary relief was bismuth. The vomiting has entirely stopped since the new plan was instituted. Let me tell you that he can now digest a moderate meal without marked inconvenience. His life has again become tolerable. He is brighter looking, more cheerful, has better rest at night, is stronger, and is gaining in flesh, since this treatment was inaugurated. The tongue is clean, and has lost the pasty appearance, indicative of chronic gastritis, that it formerly wore, and corresponds with the improved state of the stomach. When we again examine the stomach by percussion we find it less distinct; it still continues large, although not nearly so much distended as on the morning he was last before you. Nor is he so much troubled with flatulence as he was. In truth, he has in every way greatly improved. At first the stomach was washed out every second day, and then about twice a week. Although at first we employed a siphon arrangement, or Thudichum's douche, with a stomach tube, we subsequently found that the ordinary stomach pump answered better, and finally settled down upon it. The solution used was lukewarm water, and subsequently added bicarbonate of soda, as I told you that weak alkaline solutions were even better than simple water.

Are there sarcinæ now? I reply that in the last specimen we had the opportunity of examining there were few. This I believe to be partly due to washing out the stomach, and partly to the remedies employed. You recall the prescription containing carbolic acid (gtt.ij, well diluted, three times a day, given after eating), which undoubtedly has seemed to do good. Finding that the sarcinæ had not entirely disappeared under this treatment, I substituted sulphurous acid, which I also spoke of on the day when I lectured upon him before. We gave him one drachm of sulphurous acid, three times a day, largely diluted with water, and continued this treatment for a week, and since then have had no opportunity of examining any vomit. The bulk of this improvement is due to the carbolic acid on the one part and washing out the stomach on the other part.

As the occasion for these remedies has, in great degree, passed, we can now stop them, and put him upon nux vomica. He had previously taken strychnia and nux vomica, occasionally, as part of a former treatment; he shall now have it regularly, but we shall still give the sulphurous acid half an hour after meals. We will gradually allow him a more varied diet, and will test the capabilities of his stomach by degrees, by allowing him a good dinner each day, though adhering to the milk and broths for breakfast and supper.

These two cases I thought would be interesting to show you, as illustrating the effects of treatment. The next two are a little different, but are also of interest.

Treatment of Chronic Constipation by Belladonna.

In a case of typhoid fever in the house, which was the subject of a former clinical lecture, you will remember, gentlemen, that constipation occurred at the end of the disease, and the constipation finally became so marked that it was necessary to put a stop to it. It did not seem proper, as the man was just recovering from typhoid fever, to administer ordinary purgatives, as he might have some still unhealed ulcers in the intestine, or only partly healed glandular patches. I say it did not seem proper, under these circumstances, to give a cathartic medicine with a view to opening the bowels. We did, however, give a simple laxative once or twice, but with only temporary relief. We then turned to another plan of treatment, and gave him a tablespoonful of sweet oil at night, and in the daytime he took the following—

℞ Ext. belladonnæ fluid, gtt.j
Tinct. cinchonæ comp., f. ʒj. M.

three times daily.

The effect of this was admirable. In a day or two after commencing this treatment he had a healthy passage every morning. It was a simple treatment but it has been a very effective one. I then tried to see if, after all, it was not the sweet oil which had produced this effect. We omitted the oil, but the bowels continued regular. It was not the olive oil, but the prescription that accomplished this result; but there is no doubt but that the sweet oil aided at first, by permeating and softening the hardened fecal masses. This was one case.

Here is the second patient. A man, 50 years of age, has been a chronic dyspeptic, and for a long time has been troubled with constipation. He tells us that the bowels were only moved after taking medicine, and this condition became so obstinate that he at last came to the hospital to see if he could get any relief from the confirmed constipation, and other dyspeptic symptoms.

Four or five days without a movement, he tells us, was the rule with him; then he was driven to take some active medicine to get relief. This had been going on in the manner so marked for three months, but for a long time before he had been dyspeptic and had a tendency to constipation.

Now, gentlemen, when he came in we gave him a light bitter tonic, and an occasional laxative. We learned by observation that his statements were correct in regard to his digestion. We ceased this treatment and turned our whole attention to the constipation, judging that until this had been overcome the dyspepsia could not be more than palliated. The diet was first regulated carefully, but no effect was obtained. We then employed a treatment that I have seen do good in private practice—electricity. The Faradaic current was applied, one pole being applied to the spine, at the small of the back, and the other to the anterior part of the abdomen. It was thus employed daily. The muscular contractions were marked, but the effect upon the constipation

was not to be perceived. I have seen this treatment give relief. Only recently I have seen one of my patients who uses it with satisfactory results, but he applies one pole to the loins and the other to the rectum, and thus, gradually, improvement in the contractile power of the peculiar muscular fibres in the intestinal wall has been produced and peristaltic action increased. In the present case electricity failed to induce the desired effect. We then thought of the advantage resulting from the treatment of the typhoid case already referred to, which we repeated in all its details, commencing at a time when he had not had a movement of the bowels for a week. We gave him sweet oil at night and one drop of the fluid extract of belladonna, in the cinchona, three times a day.

The effect was admirable, and just as marked as in the case first cited. The movements soon became perfectly normal. Since the constipation has been relieved the dyspeptic symptoms have also become much better. His tongue is clean, and in every respect he is improving. It seems a simple treatment, but it has been a very effective one.

We did then the same thing as in the former case. In order to determine how much the oil had to do with it, when the relief had been obtained and improvement inaugurated, we stopped the oil, but the bowels have since continued to be regularly moved, while merely taking the belladonna and cinchona mixture.

Gentlemen, it may be worth your while to remember this plan of treatment of chronic constipation, whether occurring from want of tone in the bowels as a result of typhoid fever, or from chronic dyspepsia, as in the present case. It is simple, and trustworthy.

Analyzing this treatment, in order to determine to what agent its efficacy is due, we conclude that it is chiefly the belladonna that produces the effect, as Trousseau long ago taught us; although it is one of the valuable old observations in medicine that have been half forgotten. He showed that it stimulates the peristaltic movements, and when there is want of muscular power in the non-striated fibres of the intestinal wall, belladonna is invaluable. It tones up these muscles, enables them to contract more vigorously, and thus favors peristalsis.

This is just what was needed in the cases discussed. I would not have you understand me as saying that it will be always equally successful, but when systematically employed, belladonna will be found invaluable in a large number of cases. As a matter of practice, I generally combine it with some bitter; such as compound tincture of gentian, tincture of cardamom, or infusion of gentian, but more often with compound tincture of cinchona, as in the prescription ordered.

Before dismissing the patient, let us look a little further into the case, to see whether all the credit is to be given to one therapeutic agent. I think that we must certainly acknowledge that the treatment by sweet oil has also been of use in starting the improvement. It was not, however, due to it entirely, because the regularity of bowels continued after the oil was stopped; but at the beginning, before the belladonna was fairly under way, it was effective in keeping the fæces from becoming hard and scybalous.

I might state, in conclusion, that there have been no constitutional effects from the belladonna, no dryness of the throat, nor dilated pupils; we will, therefore, continue the treatment. We will keep a careful watch upon him, however, and stop the prescription on any appearance of constitutional impression. Should this occur we will simply give him a teaspoonful of sweet oil at night.

Medical Societies.

THE RHODE ISLAND STATE MEDICAL SOCIETY.

A quarterly meeting of the Rhode Island Medical Society was held in Lyceum Hall, Providence, on Wednesday, December 17th. The meeting was called to order at 10.35 A.M., the President, Dr. E. T. Caswell, in the chair. The records of the last meeting were read and approved.

A communication was read from Dr. Frederick Horner, Jr., of Virginia, relative to the formation of an American Mutual Aid Association. Upon motion the matter was laid on the table temporarily. By invitation of the President, Dr. Fuller, of the Rhode Island Hospital, exhibited a number of microscopic specimens prepared by himself. The President announced the death, since the last meeting, of Dr. S. S. Drury, of Bristol. The Secretary read an obituary notice of Dr. Sylvanus Clapp, of Pawtucket.

Dr. C. H. Leonard read a paper upon the "Treatment of Scarlet Fever." What can we do to prevent it, and what can we do to cure it? The physician must look after the cases thoroughly, make frequent visits, and nurse the patients, as it were. He must give explicit directions as to care and treatment, and see that they are carried out. For the prevention of the disease he recommended, first, quarantine, for a week, of all who have been exposed; second, removal of those liable to exposure; third, isolation of the patients; fourth, disinfection of the premises and everything liable to infection. Regarding treatment, proper nourishment was of first importance; give food that will be assimilated readily. Rest and ventilation are important factors in the treatment. The Doctor spoke at length in regard to the use of oxygen gas as an inhalant. The discussion following the paper was mainly upon the use of oxygen and the best methods of its preparation.

Dr. H. G. Miller, in response to an inquiry regarding the treatment of the sequelæ in which the eyes and ears were affected, said that in ear complications the application of a leech would be of benefit in certain conditions. If carbolic acid solutions are used to wash out the ear they should be very weak. He preferred mild astringents, like sulphate of zinc, two or three grains to the ounce of water. Scrupulous cleanliness, by the use of frequent injections of warm water, is of the greatest importance. Eye complications are difficult to control, oftentimes.

Atropia should be used in some cases and avoided in others. A mild solution of eserine is often useful. In cases of dryness of the cornea, pay attention to the frequent closing of the lids, in order that they may be lubricated.

The report of the Board of Censors was read, accepted and ordered to be placed on file.

The President appointed as delegates to State medical societies: Maine, W. E. Anthony, T. C. Lawton; New Hampshire, J. Hanaford, O. C. Wiggin; Vermont, G. W. Jenckes, C. H. Leonard; Massachusetts, J. W. C. Ely, G. A. Pike; Connecticut, G. D. Hersey, H. L. Crandall; New York, C. T. Gardner, S. W. Francis; New Jersey, C. O'Leary, A. C. Dedrick.

Dr. T. K. Newhall read an obituary notice of Dr. Samuel Mowry, of Smithfield.

The report of the committee appointed to consider the feasibility of petitioning the Legislature for a law regulating the practice of medicine and the registration of physicians in the State, reported that they had considered the subject in all its bearings, and were unanimously of the opinion that it would be of advantage to have such a law enacted.

The report was received, and after some discussion, it was voted that the President appoint a committee of three to draft a law regulating the practice of medicine and surgery in this State, and to submit the same to the Society at the next meeting.

The committee to whom was referred that part of the President's address relating to certain changes in the By-laws, reported, recommending a change in the date of the annual meeting, from the second Wednesday to the second Thursday in June. They favored the nomination of Officers by a committee, and in order to make the Board of Censors a more full and fair representation of the whole Society, they recommend that at least one member of the Board be chosen from each county, and three at large. The report was received, and upon motion of Dr. Anthony the matter was referred back to the committee to draft suitable amendments to the By-laws and present them at the next meeting.

Harriet G. Belcher, M.D., of Pawtucket, and Henry W. Stillman, M.D., of Cumberland, having been recommended by the Board of Censors, were duly elected fellows of the Society.

Dr. T. Newell, Chairman of the Library Committee, made a verbal report of the progress of the library. Pledges amounting to several thousand dollars had been received. Dr. Chadwick, Librarian of the Boston Medical Library Association, being present, was introduced by the President, and gave a history of the foundation of the Medical Library in Boston, and also some practical suggestions regarding the formation of a library here.

Dr. W. E. Anthony read a paper upon the "Causes of Insanity, considered from a Medical Standpoint." He considered that there were two forms of drunkenness, one a vice and the other a disease. The disease may be developed as the result of an acquired habit, or it may be inherited. Its causes were detailed at length, and the duties of the profession concerning it were alluded to.

Dr. R. U. Noyes read a paper upon the "Proper Disposition of the Excreta of the Intestines and Kidneys." He considered the amount of excrement discharged daily, the importance of this being properly disposed of, and the various modes of disposing of it. He spoke of the sewer system of other countries and cities, and of our own city. Our own sewers, he said, benefit not more than 18,000 people, though double that number could be, by connecting their estates. He gave some statistics concerning our sewer system, and called particular attention to the mode of connecting estates and the manner of plumbing houses, matters in which he believed there is much indifference; and too frequently dangers are encountered and baneful results reaped, instead of the security and blessings possible and intended by the underground receptacles and channels. He made a number of suggestions concerning the proper mode of sewer connections and the evil results from improper connections, and proposed the following remedies for imperfect connections: First. Place two traps in the drain, with a ventilator between, which shall open into the continuation of the drain at a point above all other connections. Second. Never connect a water conductor with a drain. Third. Continue the drain of large size to the highest practical point. Fourth. The top of the main should invariably be open. Fifth. Continue a ventilator from just below each small trap placed under water closets, sinks, set bowls, etc., to the top of the chimney, or terminate it in the main above all other connections. Cesspools are an abomination, and should be abolished entirely.

Dr. Chadwick, of Boston, read several old letters written to Gov. Winthrop, of Massachusetts, on medical topics. Owing to the lateness of the hour, papers by Dr. S. S. Keene, on "Treatment and Cure of Consumption," and Dr. J. E. Tobey, on "Salicylic Acid in Rheumatism," were postponed until the next quarterly meeting. In addition, Drs. W. O. Brown and Geo. R. Fisher will present papers at that time. The President extended an invitation to the members to a reception at his home after the meeting adjourned.

Adjourned to third Wednesday in March, 1880.

W. E. Anthony, *Secretary.*

BALTIMORE ACADEMY OF MEDICINE.

DECEMBER, 1879.

Reported for the Medical and Surgical Reporter.

Dr. H. P. C. Wilson reported a case, in which he had removed a vegetating epithelioma (cauliflower cancer) of the cervix uteri with the ecraseur. The growth occupied completely the vagina, down to the vulva. The chain of the instrument, being passed in by means of long forceps and sponge holders, and the non-involvement in it of the adjacent healthy tissues being rendered absolutely certain by careful examination, was made to cut through the mass, but in doing this the posterior vaginal wall was sucked in, so that on the removal of the part sawn through an opening into the peritoneum as large as a silver quarter was found, into which the air rushed with a peculiar moaning sound, along with blood from an artery of considerable size,

involved in the vaginal wound. Hemorrhage was checked by torsion of the bleeding artery, and the remainder of the morbid growth cut away with the thermo-cautery. The clotted blood was now wiped out of the peritoneal cavity by pieces of sponge or long sponge-holders, and a two per cent. solution of carbolic acid injected into the opening with a Davidson's syringe, so as thoroughly to cleanse the peritoneal cavity. The vaginal wound was then closed with silver sutures. Hypodermic injections of morphia were freely given, and by the seventh day the opening was entirely healed up and closed.

Dr. W. stated that he had always condemned the ecraseur in operations about the cervix, and this was the first case in which he had resorted to it; he was induced to do so in this case, against his better and more mature judgment, from the fact that the epithelioma was so large as to render its removal with the thermo-cautery very tedious and protracted. His plan had been to cut away the greater part of the cancer with the ecraseur, and to finish the operation with the thermo-cautery.

Dr. P. C. Williams read a paper on "The Use of the Forceps in Tedious Labors." Under this head he included all cases in which labor was prolonged beyond the period of safety to mother and child; and this involved not only a question of time but of effects. The causes might be either lessening of the pelvic diameters or malpositions, or over-size of the child. The forceps are only applicable when the os is dilated, or freely dilatable, and the rigidity of the perineum has been overcome by chloroform anæsthesia. He preferred the forceps to version. In the latter the head compresses the placenta, interfering with its circulation, and also compresses the soft parts of the pelvis. With the forceps there is not so much need of rapid delivery, and we are enabled to mould the head.

The proper use of the forceps affords great protection to the perineum. Dr. Williams had only had two cases of serious rupture of the perineum in twenty-five years' practice. One of these was in a primipara of forty-five; in the other the rupture was produced by the shoulders after the delivery of the head.

The most common variety of deformed pelvis is that in which the antero-posterior diameter of the superior strait is contracted; when this is reduced to below three and a half inches the result is doubtful. In the last five years Dr. Williams had applied the forceps forty-five times in his own practice, omitting cases in consultation; twenty-one times in primiparæ; twelve times at the superior strait, and usually in the transverse diameter of that strait, without regard to the biparietal diameter of the head. None of the mothers died; four of the children were still-born, and two of these were dead before labor began. The fact was pointed out that the width of the blades of the ordinary Hodge's forceps is about three inches, hence there is great danger of injury to the soft parts when the antero-posterior diameter is less than this.

Dr. Williams has had no case of craniotomy during the last five years. The earlier the forceps and version are resorted to, the less necessary does craniotomy become. E. F. C.

Editorial Department.

Periscope.

The Medical Uses of Milk.

M. Biot, in the *Revue Mensuelle de Médecine et de Chirurgie*, 1879, gives a summary of the clinical facts observed at the Hôtel Dieu at Lyons, on this subject. The deductions and conclusions drawn by M. Biot touching the nature of acute articular rheumatism and the efficacy of the milk regimen in the course of this affection, are based on a number of analyses of urine, made as completely as possible, since they give the amount of the total nitrogen, of the urates, of the total chlorides, and of the phosphoric and sulphuric acids. His theoretical and therapeutical views on the subject are thus summarized: The fever of acute rheumatism generally lasts two or three weeks, and consequently, either from the time it lasts or on account of the high rise in temperature, causes an enormous consumption of blood corpuscles, which produces profound anæmia in the patient. The fall of temperature is the best criterion of the cure, and coincides exactly and constantly with the disappearance of the pains. The tortures endured by patients suffering from acute articular rheumatism are in themselves alone of a violence and tenacity sufficient to induce the physician to endeavor to oppose to this disease a treatment which would unite the three qualities *citò*, *tutò*, *et jucundè*. The milk diet seems capable of fulfilling this desideratum; it causes the temperature to fall rapidly below hyperpyrexia, and simultaneously assuages the pains in a period varying from three to eight days. The effects from these two points of view are more prompt and more powerful if the patient be submitted to the milk regimen at the outset of the affection. This milk regimen, without overcharging the stomach or raising the temperature, by its nutritive power and its facility of digestion, prevents, in great measure, that characteristic and generally troublesome anæmia left behind by attacks of rheumatism. Besides these general effects, milk diet has a special action on the urinary function, which is clearly indicated in rheumatism. Milk strongly favors the elimination of all the waste principles accumulated in the organism; its exclusive use causes both the quantity of urine excreted in twenty-four hours and the quantity of all the saline principles dissolved in this liquid to increase rapidly; density, on the contrary, experiences a proportionate

decrease. The impetus given to the urinary function by a milk regimen allows a glimpse of the nature of rheumatism, its near and intimate causes. The analyses of urine seem to show that there is an accumulation of urates or uric acid in the organism of rheumatic sufferers, and that its diminution under the influence of milk is not one of the smallest benefits of this regimen.

The Bichlorids of Ethidene as an Anæsthetic.

Dr. J. H. Palmer, of Birmingham, writes to the *Lancet*, October 25, of this substance—

I have administered this drug in half a dozen cases, and so far I have met with favorable results. Unconsciousness is produced, so far as my experience goes, with very little struggling, and four and three-quarter minutes was the longest time required. The pulse is slowed, but remains full, and I have not yet met with any symptom of cardiac failure. The breathing was quite quiet and uninterrupted, and there was an absence of all bronchial irritation and frothing at the mouth. Vomiting occurred once in the first five cases, and then was both slight and transient. The sixth case, so far as vomiting is concerned, was not, in my opinion, a fair test. The subject was a child who had come from the country to have an ophthalmic operation performed, and there was an absence of those precautions which can only be insured with in-patients of hospitals and in intelligent private patients. The popular notion seems to be that if a person has to submit to a surgical procedure severe enough to require anæsthesia, a good meal is necessary to carry him through it. A practical application of this notion is inconvenient. Vomiting did occur in this (my sixth) case, but not with severity. The largest quantity used was an ounce; this was given to a boy, eighteen years of age, who had an organic systolic murmur at the apex of the heart, and he was kept unconscious for thirty-five minutes. In all these cases the drug was administered on a piece of lint or a towel. It was obtained from C. A. F. Kalbaum, of Berlin. It is a very expensive agent—I believe 32s. a pound—and should be kept in a capped bottle, for the purpose of preventing evaporation.

Treatment of Diphtheria.

The following suggestions are made in the *Lancet*, by Dr. Thomas Gurney :—

The arrest of the disease and nutritious support are our great aim. To succeed in this I have adopted a respirator, made of the ordinary shape and size, the front being minutely perforated. Inside of the respirator I have two or three perforated plates inserted, between which I place common tow (not cotton wool); I then drop on each of the layers of tow ten to twenty drops of a solution of carbolic acid, creasote and glycerine. Should the patient tire of these, I use turpentine or iodine. I place the respirator over the mouth, and keep it continually applied. My next idea is to provide the patient with warm, moist air. To do this I have two kettles of water kept boiling on the fire; attached to the spouts of the kettles I have an elastic tube of an inch calibre, at the end of which is a spray-like nozzle, which I put immediately under the mouth of the patient. By this means I get my disinfectant remedies carried moist to the throat. As a sedative to the pain I know nothing so comfortable to the patient. Previous to this I take care to give an active purge, which usually removes offensive stools of effete, poisonous matter. Internally I give aconite in frequent small doses—two to four minims of the tincture; at the same time freely supporting the strength with milk, cream and eggs, with or without brandy, beef tea *ad libitum*. As a drink, I recommend patients to take as much chlorate of potash in solution as they can without vomiting. I have found chlorate of potash highly beneficial in all cases of a low typhoid character. If this is objected to, I advise the juice of lemon to be taken—by many thought to be a specific for diphtheria. Should the system be very weak, I prescribe belladonna instead of aconite; but I find better results from the latter. As soon as the urgent symptoms have subsided I order strychnia, with or without nitro-hydrochloric acid—this not only being the best tonic, but also preventing the paralysis which so often follows diphtheria. I have found this treatment to be highly beneficial, but knowing the tendency there is to rheumatism after this terrible disease, I never forget our friend, the bicarbonate of potash.

Importance of Attention to Slight Perineal Lacerations.

Before the Boston Society for Medical Improvement (Boston *Medical Journal*), Dr. Lyman read a paper on slight perineal lacerations, which he said were extremely frequent in women who had borne children, so much so that Schroeder estimated that they existed in over one-third and Olshausen in over one-fifth of all parous women. He said that no laceration extending beyond the fourchette sufficiently to leave a recognizable cicatrix is unimportant, for no such lesion is without injurious effects in many ways. The more common results which may ensue, if enumerated somewhat in the order of their gravity, and more or less likely, of course, in proportion to the extent of the laceration, are, primarily, septicæmia, and secondarily, sterility, cystocele, rectocele, and prolapsus, with consequent derangements of the pelvic circulation, as endometritis, cervicitis, cystitis, and leucorrhœa, imperfect coition, pruritus, vaginal flatus, and extensive reflex neuralgic irritation from the cicatrices. This formidable list might be extended without exceeding the reality. He did not mean that all, or many of them, perhaps, occurred in every case, but in the majority of cases one or more of them were tolerably common. He urged that the perineum should be thoroughly inspected immediately after labor, and if any laceration be found, however slight, a sufficient number of sutures should be introduced to retain the edges in contact, exclude the lochial discharges, and allow the parts to heal by first intention, instead of by granulation, with its necessary accompaniment of cicatricial induration.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The recent new remedies, or at least several of them, are described in a paper reprinted from the Wisconsin Society's Transactions, by Henry P. Wenzel.

——The Philadelphia *Musical Monthly*, published by B. F. Paris, appears in handsome paper and new type in its January number. It contains a variety of musical news, and also several choice selections and original pieces, which will be sure to have a welcome from lovers of this enchanting art. Price $1.00 per year.

——A valuable contribution to the study of the blood corpuscles appears in a series of investigations on their structure and other characteristics, by Dr. Louis Elsberg (pamphlet, pp. 49, G. P. Putnam's Sons, New York. Price 25 cents).

——Godey's Lady's Book, for January, presents the current fashions, some well written stories, and a variety of other entertaining matter for family reading. It may be taken with the Reporter at the reduced rate of $6.50 for both journals.

——The Annual Report of the State Lunatic Hospital of Pennsylvania indicates that the institution is prosperous and efficiently conducted. In the report of the Superintendent some excellent reasons are given why such institutions should be constructed in the most approved manner and with generous liberality.

BOOK NOTICES.

Transactions of the American Medical Association. Vol. xxx. pp. 1028.

We regard this as one of the most valuable volumes of Transactions the Association has published for a number of years. The original articles are numerous, diversified, and nearly all of them show careful study of the subject and much individual research. The discussions are well reported, and many of them have an interest which will be permanent. The specialties of ophthalmology and otology are particularly well represented. In State medicine, articles by Drs. S. E. Chaillé and Horatio R. Storer deserve prominent comment. The latter explains the principle of private protective sanitation by the voluntary association of citizens of a community for that purpose, and illustrates its beneficial effects by the instance of the results at Newport, R. I. Somewhat allied to this topic is an article by Dr. N. S. Davis, on the prevention of bowel affections in children and adults, as indicated by climatic conditions which give rise to them. An able defense of the use of veratrum viride is presented by Dr. G. F. Cooper. In view of the sweeping condemnation of this drug by prominent recent writers, this paper will be perused, no doubt, with close attention. The surgical section includes a number of papers on new instruments, a new method of reducing dislocations of the shoulder joint, and a number of cases. Dr. Sayre adds further evidence to the value of the plaster of Paris bandage. The necrology, by Dr. Toner, bears the marks of his usual careful work. The prize essay, by Dr. A. M. Hamilton, on certain forms of degeneration of the spinal cord, is of moderate length, and a valuable contribution to neurology.

Transactions of the American Ophthalmological Society, Fifteenth Annual Meeting, 1879. Published by the Society.

The Transactions fill a pamphlet of about a hundred pages, made up chiefly of articles based on original observations. Of the contributors may be mentioned Dr. H. D. Noyes, who has papers on paresis of the inferior oblique muscles, on plastic operations at the inner canthus, and on statistics of cataract; Dr. H. Knapp, on operations for complicated cataract, and on tumor of the optic nerve; Dr. C. J. Kipp, on dacryocystitis in infants; Dr. G. C. Harlan, on panophthalmitis; Dr. A. G. Heyl, on the diffusion circles of ametropia; Dr. S. Theobald, on treatment of strictures of the nasal duct; and reports of cases by Drs. E. Dyer, D. Webster, W. F. Norris, D. Coggin, T. R. Pooley, C. S. Bull and others. A number of illustrations are inserted in the text.

Minor Gynecological Operations and Appliances for the use of Students. By J. Halliday Groom, M.B. Edinburgh, 1879. For sale by G. P. Putnam's Sons, New York City. 12mo, pp. 106. Price $1.75.

As a handy epitome for the student, this little volume will be found convenient and useful. While in a hundred small pages no completeness or thoroughness can be attained, the main heads of gynecological science are clearly presented, and the main diagnostic and therapeutic principles clearly set forth. For its purposes, therefore, it is well adapted; and, of course, no one would think of relying upon it for more than as a preparation for an examination.

THE

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D. G. BRINTON, M.D., EDITOR.

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PLANS FOR REDUCING OBESITY.

Among the complaints which are not maladies which the physician is at times called upon to treat, obesity is one which is frequent and troublesome. The remedies which have been suggested for it class themselves under three heads—

1. Diet. 2. Exercise. 3. Specific Medicines.

The diet plan is well known throughout the civilized world, by the pamphlet of Mr. BANTING, of London, nearly one hundred thousand copies of which, if we recollect rightly, were published in the English language alone. The practical difficulties in carrying out his plan are that it cuts off the very articles most generally prized by fat people, and that it brings about in some constitutions a decided debility, and even certain forms of kidney disease. Nevertheless, we know several persons who have for years regulated their weight and prevented a natural tendency to lay on fat, with very little trouble, by a more or less rigid observance of BANTING'S rules.

Every one knows that sufficient exercise, hard, bodily labor, if you please, will certainly prevent obesity, and remove it when present. The first step in training for an athletic contest is to work off the fat, and there is never any difficulty about it in the hands of a skilled trainer with a willing pupil. But to many it is not at all a pleasant method, and to many more it is practically out of the question, because they have no time and no opportunity to take it up. We are, therefore, often driven to

Specific Medicines. The question is, are there any? To begin, certain natural mineral waters have quite a reputation this way. This may seem singular, as a favorite plan to reduce fat, with the older physicians, was, as near as possible, absolute avoidance of all liquids. Thus Ettmüller, writing in 1685, says:—"*In obesis remedium infallibile est abstinentia a nimio potu*" (*Opera* I, p. 240). But these mineral waters, such as Marienbad, Montmirail, Andabre, etc., are more or less alkaline and laxative, and thus, it is believed, counteract the effect of the fluid itself. Best of all, probably, is sea water.

Not long since, in a number of the *Paris Médicale*, there were some remarks on the treatment of obesity by the administration of sea water combined with a residence at the seaside. Sea water taken internally, it is stated, acts as a diuretic and purgative, particularly the latter. A small glassful of it should be taken three times a day in a little fresh water or milk. Sea-water baths are also to be resorted to, free exercise should be practiced, and fattening articles of food strictly avoided. It is stated that sea water used in this manner facilitates the oxygenation of the blood, and that it hastens the elimination of effete materials.

A sea weed, the *fucus vesiculosus*, has, of late years, been brought into notice as an attenuant. It contains iodine and bromine in small quantities, and was administered by Lænnec, in phthisis, as a tonic. In some parts of Ireland it is used to fatten pigs, and even in famine times the peasantry have prepared it for food. That it could have, therefore, any attenuant properties must be held doubtful, particularly as the recent experiments with it have led to very conflicting

results. Stillé, in the last edition of the *National Dispensatory*, dismisses it as quite obsolete for any such purpose. But Dr. Mulheron, of Detroit, thinks that much depends on the idiosyncrasy of the patient. According to him it is in the obesity of those of the lymphatic temperament that the beneficial effects of this drug are most marked. It has little or no influence in reducing the "fleshiness" of persons of active habits and of the sanguine temperament. In these, he adds, strict regulation of diet affords almost the only prospect of relief, but, owing to the keenness of the appetite which usually exists, this regulation can very rarely be enforced. The cases in whom *fucus vesiculosus* shows its most decided beneficial effects are women, in whom there exists usually some menstrual derangement, as menorrhagia and leucorrhœa, owing to an atonic and flabby condition of the uterine tissue. In such cases an improvement in these local derangements usually precedes the general reduction of fat and the improved tonicity of the general system.

Arsenic, in some cases, has been found effective by Dr. Whittaker, of Cincinnati. He thinks it may act in the reduction of fat, by simply increasing the absorption of oxygen gas, and thus securing its decomposition into carbonic acid gas and water after the usual way. For this remedy has long been administered empirically and with great efficacy in asthma and allied diseases, attended with a diminished inhalation or absorption of oxygen gas.

Alkalies, preëminently the *liquor potassæ*, in full doses, are unquestionably successful in diminishing the weight; but the quantities required to accomplish this effectively are nearly sure to bring about alkaline dyspepsia of an intractable character, and a cachectic condition much more distressing than that of polysarcia.

Such are the alternatives before our fat friends. Perhaps the best advice we can give them is a judicious combination, in moderation, of all three of the agencies for reducing weight which we have enumerated. Taken together or in turn, one or all, will be sure to lessen weight.

Notes and Comments.

Therapeutical Notes.

CURE FOR TAPEWORM.

According to Dr. Hancke (*Allg. Med. Cent. Zeitung*, Nov. 5th, 1879), the following is the best of formulæ for tæniæ:—

℞.	Extr. filicis æther.,	℥ iiss
	Syrup spin. cervin.,	℥ j
	Olei menth. piper.,	gtt. xj. M.

The whole of this is to be taken at one dose, on an empty stomach, followed by a little black coffee, to take away the bitter after taste. No preparation is needed for it, and no after medication, purging, etc., is required. The syrup of buckthorn may be replaced by some other vehicle.

EUCALYPTUS AS A PECTORAL.

The Louisville *Medical Herald* states that eucalyptus globulus is attracting attention as a reliable anti-catarrhal remedy. It is of great service in bronchitis with profuse expectoration, the expectoration speedily diminishing and the general condition of the patient improving under its use. The tincture, in drachm doses, two or three times a day, may be prescribed.

OLEATE OF LEAD IN ECZEMA.

Mr. J. Sawyer, of London, gives, in the *Practitioner*, the following formula:—

Lead oleate,	24 parts
Heavy and inodorous paraffin oil,	14 parts

The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead. He can confidently recommend this ointment as a very efficient local application in eczema. He has used it successfully in a large number of cases.

PRURITUS ANI.

A correspondent of the *British Medical Journal* gives the following advice in this annoying complaint:—

Wear a piece of cotton wool, of the size of a walnut or larger, at the anus; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable annoyance of the pruritus; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complaint.

—The letter in the Reporter, December 13th, was from Dr. James Baker, not Boker, as printed.

Aspidosperma Quebracho and its Beneficial Influence on Various Forms of Dyspnœa.

The statement made by South American physicians, that the bark of the *Aspidosperma quebracho*, a tree belonging to the *Apocyneæ*, possesses anti-febrile properties similar to and almost as efficacious as those of the cinchona bark, led Dr. F. Penzoldt to submit the same to experimental tests, for which purpose he made use of the aqueous solution of an alcoholic extract, prepared by macerating ten parts of the pulverized bark in one hundred parts of alcohol for several days, filtering and evaporating the filtered liquid, dissolving the residuum in water, evaporating it again to dryness, and finally redissolving it in twenty parts of water.

Administered to frogs, 0.5 (⅔ grain) of the bark produced complete motor paralysis, which was of central origin, as was shown after tying the iliac artery. Simultaneously with the paralysis of the extremities appeared that of the respiration. The frequency of the heart's action was reduced about one half (from 54–60 beats) in a few minutes; this was, however, as the author satisfactorily demonstrated, not due to irritation of the vagus. The reflex irritability lasted somewhat longer than the power of voluntary motion.

Subcutaneous injections of gram 1.0 (15 grains) of the bark produced, in rabbits, paralysis of the extremities and dyspnœa, and larger doses, gram 2.5 (38 grains), death. Respiration was observed to be slower and deeper, but the frequency of the heart's action remained unchanged, except after direct injection into a vein, when it was reduced, with temporary lowering of the blood pressure.

The effect produced on dogs differed only in that the dyspnœa was accompanied by an increase in the frequency of the respirations and an augmented flow of saliva. The administration of a five-gram dose to a large, healthy dog produced no notable change in the temperature, nor did it do so where artificial fever had been produced by injecting putrescent fluids.

It was found to retard the putrefaction of blood, the yolk of eggs, etc., but not to prevent it.

The author observed no change in the temperature or frequency of the pulse, after the administration of from 3–8 ccm. of the above-mentioned solution to consumptives or to patients suffering with a combination of intermittent fever and phthisis or pleuritis; but he found that it exerted a decidedly beneficial influence on dyspnœa, from whatever cause. He invariably found that from one to two teaspoonfuls of the solution would diminish, and often entirely relieve, the most distressing symptoms. This he ascribes to the more perfect arterialization of the blood. The author obtained similar results with *aspidospermine*, the alkaloid of the bark, which has been prepared by A. Baeyer.

Carbolic Acid Fumes in Whooping Cough.

An English contemporary recommends the employment of these fumes as follows:—

Place the little patient in a small room with closed doors and windows, and, having heated the kitchen fire-shovel sufficiently to produce rapid evaporation of any fluid, pour upon it about two drachms of common carbolic acid; dense fumes will be given off, and the atmosphere become charged with them. If the patient happen to have a paroxysm of coughing now, it will often be cut short after breathing the carbolized air. The above can be repeated two or three times a day; and any rooms frequented by the patient should also be carbolized, especially the bedroom. He says he has known this treatment to have an almost magical effect, but should scarcely recommend it if there be any lung complication. The quantity of carbolic acid may be increased or diminished at discretion. Special attention must also be paid to the general health.

The Pathology and Treatment of Ozæna.

Dr. Gottstein, of Breslau, sums up his views on the pathology of ozæna briefly, as follows, (*Allg. Med. Cent. Zeitung*, October, 1879):—

1. There are a large number of syphilitic and scrofulous affections of the nose, in which there is no fetor.

2. These do not materially differ in their course from the fetid diseases of similar origin.

3. There is a form of fetid ozæna which, though occasionally met with in syphilitic, scrofulous, and phthisical subjects, is not of a dyscrasic nature, and differs from dyscrasic affections in its clinical course and specificity of the fetor as well as in its anatomical relation, and which presents a so characteristic pathological condition, that we must consider it a disease sui generis.

4. According to the limited observations which have hitherto been made, it is highly probable that it involves a degeneration of the connective tissue of the mucous membrane, together with a partial destruction of the mucous glands, with a consequent diminution of secretion.

As regards treatment, it is the author's opinion that all we can reasonably hope for may be accomplished by plugging the nasal cavity with cotton, after having removed the secretions by means of the nasal douche. When both sides are affected, he

recommends the alternate plugging of each cavity for twenty-four hours, or to prepare the tampon by rolling cotton round an elastic tube, which enables him to plug both cavities at once, without interfering with nasal breathing. He employs cotton which has been soaked in a glycerine-alcoholic solution of salicylic acid, and afterward dried. To accomplish a radical cure is, in the author's opinion, impossible, but he regards the above method as strongly palliative, causing the fetid odor to disappear entirely.

Correspondence.

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

I have been pleased to see so many communications on puerperal convulsions, during the past year, in your valuable journal. An analysis of these communications shows that the condition is very generally treated empirically, bleeding being the "*sine qua non*" with the majority of writers.

Yet, occasionally we have a case treated without resort to heroic bleeding, and result satisfactorily. Should not we inquire why it is that modes of treatment that are so opposed to each other succeed so well in some cases? Does it not prove, on the face of it, that there is more than one cause for this condition, and that each one requires its own particular remedy?

Puerperal convulsions should be classed—

1. Hysterical. Confined to the period of gestation in persons of a hysterical or nervous temperament. In which cases the usual nervous remedies will be sufficient.

2. Epileptiform. Generally occurring in primipara during the last two weeks of gestation, at parturition or post partum. May be caused by spinal or cerebral irritation or congestion, indicated by hard, full pulse, pain in the head, flushed face, eyes injected, etc. In these cases, bleeding moderately, brom. potass., chloroform, and chloral hydrate, will be the best.

3. Uræmic. In which cases we have evidence of albuminuria to an injurious extent, albumen and casts in the urine, smoky appearance of urine, dropsical effusions, anæmia, etc., weak, rapid pulse. In such a case bleeding will not be beneficial; but give opiates, sudorifics, and cathartics.

4. Apoplectic. Where there is active congestion of the brain, with intense pain in the head, delirium, head hot, carotids and temporal arteries pulsating strongly, transient hemiplegia, etc. Calls for full bleeding, ice to head, hot pediluvia, active purgatives, etc.

Dr. Kennedy's case, in No. 1160, page 445, was probably uræmic, and he made a mistake, if it was, by giving carb. ammonia, as in uræmia that substance is the probable cause of convulsions the urea being changed to carb. ammonia. Had he pushed the delivery after dilatation of the os, and used a little more morphia, he would probably have saved his patient. In all cases where delivery is possible, don't delay, as the child is nearly always dead, and the continual irritation and absorption of the decaying mass contribute to keep up the convulsions. Light bleeding will be beneficial in all cases, unless anæmic. In uræmic cases use and depend mainly on opiates. And for those that believe bleeding to be the "*sine qua non*" in all cases, when they get a case like my first one, where the median basilics will not yield more than an ounce of blood, and the convulsions are so continuous and violent that the temporal artery cannot be tapped, they will begin to think of some other way; and if they will then try morphia, and succeed, they will be willing to study the pathology of puerperal convulsions.

Amity, Pa. W. S. Dodd, M.D.

Rectal Polypi(?).

Ed. Med. and Surg. Reporter:—

I report the following case as one of some interest and certainly rare:—

On September 3d I was summoned to Mr. W. M. H., whom I had treated, during the month of August, for bilious fever. I found him with a protrusion from the rectum of a mass fully nine inches in circumference, lobules some eight or ten, with a fissure in the centre, quite vascular; no hemorrhage at the time, but there had been at the first protrusion. On puncture there was an aqueous secretion, but no reduction of its size. At the time I could not think of a similar case, but I see that in Robley Dunglison's *Encyclopedia*, Volume II, page 439, a similar one in size, but more hemorrhagic in nature, is mentioned. My patient had been twice in this condition, respectively, five and nine years before, at which time his physicians treated him with poultices. It required some three or four months for the mass to slough off, so I thought it an excellent case to try the virtue of fl. ex. ergot. I first used 25 drops (Tilden's 74 formulæ) every day for a week, without pain of any consequence, with quite a reduction; after this there was decidedly more sensitiveness, and I had to add to the solution sulph. morphia q.s. to allay the pain and excitement. I had also to give ten grains chloral hyd. at bedtime, to procure sleep. During the treatment I kept the patient on constitutional remedies, and the bowels regular and of proper consistency. At the close of thirty days I discharged my patient, though I kept him on tonics another month. I will add that, as the case improved, I made the injections every third or fourth day, using, in the interim, an ointment of zinc sulph. and lard.

For the benefit of some of your readers I will state that one of my neighbors had a very fine young jack colt, a yearling. He reported to me that his colt was in a similar condition, and I prescribed Tilden's fluid extract of ergot, 74 for., and a hypodermic syringe, giving him instructions as to its use; with these he relieved him in three weeks' time. It may be efficient to relieve some other valuable animal as well as human patient. I approve of your idea of a more thorough course in veterinary medicine.

H. A. Moseley, M.D.

Wartrace, Tenn., December 25th, 1879.

Laceration of the Cervix Uteri—Precautionary Closure of—Cure.

Ed. Med. and Surg. Reporter:—

Since Esmarch has pointed out the fact that epithelioma finds an inviting nidus in a laceration of the cervix uteri, the subject is one of additional importance. In my experience the cases of epithelioma have all occurred in women who have borne children, and many have had miscarriages prior to the appearance of epithelioma. If for no other reason than to guard against this disease, we should never fail to close a laceration. The following case is one in which the operation was acceded to after this danger was pointed out to the patient.

Mrs. —, aged forty-eight, menstruated first at eighteen; married soon after; she has borne six children at full term, the last labor being ten years ago. She has never been well since and has never been pregnant since. She complains of backache, leg ache, leucorrhœa, and says she has become very nervous, and is not able to undergo any fatigue. An examination revealed a bilateral laceration of the cervix, a large flow of cervical mucus, the lips of the cervix rolled out, and the everted cervical membrane red and granular. The cervix was flattened, from pressure on the posterior vaginal wall, and she had a "show" irregularly. From June until November hot douches, tincture of iodine, a pessary and tonics were used, and the parts made fully ready for an operation.

On November 5th ether was given by Dr. Lippincott and the speculum held by my nurse; Dr. Rahausen took charge of the sponges. I carefully denuded the edges of the laceration, removed some cicatrized tissue from the cleft on both sides, and united the surfaces with silver wire sutures. On the 14th the sutures were removed, and union found to be perfect. The health of the patient began to improve at once, and continues to improve without medication.

R. Stansbury Sutton, M.D.

Pittsburg, Pa.

Intestinal Dyspepsia.

Ed. Med. and Surg. Reporter:—

My attention has frequently been called, the past few years, to this form of disease, and I am of opinion that it is on the increase, especially among children, and very rapidly. Our common form of dyspepsia, so prevalent in our country, is very often taken for the disease in question. Hence, when we fail in making a proper diagnosis, we shall also fail in giving the proper treatment to cure our patient. Before we can treat this disease successfully we must thoroughly comprehend the physiological law of intestinal digestion. Dr. Busch, of the University of Bonn, has given us much light on this subject. He says: "A woman, thirty-one years of age, from injuries, had fistulous openings, completely separating the stomach, duodenum, and a short fragment of the jejunum, from the intestine below, the upper portion of the jejunum being torn in two. Not the least communication existed between the two portions, and the contents of the stomach and duodenum, with the gastric, pancreatic and biliary secretions, were discharged without admixture with the secretions from the intestines below. The main object at first was to arrest the marasmus, by furnishing to the system a supply of nutritious material, it being evident that no matter how much was taken into the stomach, the exhaustion still increased. At first protein substances were injected into the lower opening, alternately with amylaceous, and subsequently eggs and meats were stuffed in with the finger. The result was most surprising; the muscles manifested more tone, the features lost their death-like expression, the eyes became bright, the voice returned, and the patient could set up in the erect position.

"We have here indisputable evidence that the small intestines, as well as the large ones, do possess the power of digestion in a marked degree, far exceeding the stomach and duodenum, which, with the associate glands, have hitherto received the credit. The enteric juice was found to be secreted in small quantity."

I have taken the above quotation to prove the great importance of intestinal digestion. Chylification takes place in the small intestines, and the mucous membrane is characterized by villi, follicles of Lieberkuhn, Brunner's glands, Peyer's glands and solitary glands, all of which require a thorough knowledge of its physiological law. The enteric juice is constantly secreted while food is in the intestines. This may be in excess, defect, or perverted; in either case, if continued some length of time, some form of intestinal dyspepsia is the result.

But in addition to the pathological condition of the mucous membrane of the small intestines, we must not lose sight of the physiological law of the great sympathetic nerve; especially the solar plexus. Sometimes we find these plexus either in excess or defective in innervation. Dr. Dalton says, "the mutual action of the digestive, urinary, and internal generative organs upon each other, takes place through the medium of the sympathetic ganglia and their nerves." Thus we study the true character of each individual case. When the enteric juice is defective, the train of symptoms particularly noticed is a costive habit, pains around the umbilicus, especially two or three hours after eating, slight pains in the back, occasionally dull headache, appetite indifferent, sometimes voracious, at others wanting, sickness at the stomach, nervousness, insomnia, fretful, losing strength and flesh.

Now when the enteric juice becomes excessive diarrhœa ensues, and if it continues, food will pass through the bowels partially digested, and emaciation ensues. But when the secretions are perverted, costiveness and diarrhœa will alternate, with a long train of nervous symptoms. If the disease is not arrested, the patient will pass from bad to worse, until some other organic disease will set in.

I am ready to believe that intestinal dyspepsia is often the cause of producing organic lesions of the liver, spleen, kidneys, uterus, ovaries, bladder, ascites, and leucorrhœa.

The treatment necessarily must be adapted to each individual case. When the bowels are cos-

tive, I have found nothing better than the fluid extract of rhamnus purshiana, in proper doses, to regulate the bowels, and continue using it as long as it is necessary. At the same time I prescribe five grains of lactopeptine, three times a day, half an hour after meals. If the tongue is coated white, broad and pallid, indicating a superabundance of acid in the system, I usually give five grains of sulphite of soda, in warm water, three times a day, to neutralize the acid. When there is diarrhœa, it is easily controlled by subnitrate of bismuth and hydrate of chloral; but if diarrhœa is the prominent symptom, I give sulphate of quinia with the lactopeptine; the sulphate of quinia exercises a marked influence over the sympathetic nerve.

In some cases the fluid extract of nux vomica, or the elixir of calisaya, iron and strychnia, will act very well.

The diet must be prescribed by the physician; bathing twice a week, in warm alkaline water, is an excellent adjuvant. If there should be an excessive amount of alkalies in the system, easily known by a red, sleek tongue, this must be corrected by the use of dilute hydrochloric acid.

In the majority of cases the physician is not called upon until the disease has existed for three or six months, when we usually find the patient emaciated, with general debility; in such a case, in addition to the above treatment, I prescribe maltine, in proper doses; and if the red corpuscles are deficient, there is nothing better than dialysed iron.

The object of penning these thoughts is to attract the attention of the profession to this disease, which, I think, is unquestionably on the increase, at any rate in the western States.

JOHN A. HENNING, M.D.

Redkey, Ind., January, 1880.

Obstinate Case of Eczema.

ED. MED. AND SURG. REPORTER:—

Permit me, through the columns of your widely circulated and valuable journal, to present the following case to your medical readers, for some remedies or suggestions as to the cure:—

Mrs. —, aged forty, the mother of five children, a farmer's wife, has been affected with eczema for over ten years. She applied to me for treatment about six months ago. The disease covers nearly the whole scalp, the external and the internal ears, large patches on both legs, with a few deep sores also upon the arms, and more or less over the whole body. She complained of much itching and soreness; no febrile excitement; tongue clean; digestion good; catamenia regular. She informed me that she had taken a great deal of medicine, used salves, lotions, etc., from many physicians. It is unnecessary for me to detail my treatment. I administered constitutional remedies, with a view to change, if possible, the whole condition of the system; purgatives, diuretics, alteratives, tonics, etc., with mild applications externally.

Arsenic and cod-liver oil proved most beneficial internally, and benzoated oxide of zinc externally. Three weeks ago the disease had entirely disappeared from the legs—the ears and scalp having been healed for over two months—and now it has broken out again on the legs, and the ears are beginning to run a little. Her general health is good otherwise.

The disease commences by small pimples, which break, the skin becomes red, inflamed and scaly, and very itchy, but rather dry. It may benefit some other of your readers to have some remedies for this disease proposed through your columns.

K. S.

NEWS AND MISCELLANY.

Dr. Landolt's Work on the Eye.

The *Manual of Examination of the Eye*, by Dr. Landolt, recently published at this office, has met with very cordial endorsements from the most prominent ophthalmologists of this country and England. Owing to the residence of the author in Paris, some omissions and errata escaped notice. These have been very carefully supplied by the author, and copies of an Appendix containing them will be furnished, without charge, by the editor of this journal, to all who have purchased a copy of the book. A lecture on Ophthalmoscopic Enlargement, which first appeared in the *British Medical Journal*, January 3, 1880, by Dr. Landolt, has also been reprinted, and will be furnished to all purchasers of the book, either by the editor of the REPORTER or by the author, 10 Rue de la Bienfaisance, Paris.

Precautions against Smallpox.

The Board of Health of this city has passed the following resolutions, in view of the presence of smallpox in the city:—

Resolved, That citizens be most urgently requested to at once resort to vaccination and revaccination, as the most positive and only reliable means of protecting themselves from an attack of smallpox, and for preventing an epidemic and the dire evils consequent thereto.

Resolved, That notice be given that gratuitous vaccination is offered to all desiring it, qualified physicians having been appointed by the Board of Health, who are located in all sections of the city, for the convenience of the people.

Improvement in the Audiphone.

A Geneva despatch to the London *Times*, Jan. 13th, says: Professor Calladon, of Geneva, has effected an important improvement in the contrivance for enabling deaf mutes to hear through the teeth, lately discovered in the United States.

"For the India rubber apparatus used by the American inventor, which is somewhat costly, Professor Calladon substitutes a piece of elastic card board."

We have been shown an audiphone made of well calendered binder's board, costing but a few cents, quite as good as those of hard rubber, etc. It was devised by Dr. C. S. Turnbull, of this city.

Northern Medical Association of Philadelphia.

At the annual meeting of the Northern Medical Association of Philadelphia, held at 608 Fairmount Avenue, on Friday evening, January 9th, 1880, the following officers for the ensuing year were elected:—President, Dr. E. E. Montgomery. Vice-President, Dr. J. B. Walker. Counsellors, Drs. N. L. Hatfield, J. T. Eskridge, William M. Welch, Edward R. Stone, Henry W. Ribl. Treasurer, Dr. E. I. Santee. Recording Secretary, Dr. I. G. Heilman. Corresponding Secretary, Dr. J. Henry Smaltz. Reporting Secretary, Dr. L. Brewer Hall.

The New Asylum at Norristown, Pa.

An informal meeting of the Board of Trustees of this Institution was held at the grounds on the 15th inst. Ex-Governor Hartranft was called to the chair, and after consultation, a committee of five was appointed to draft a code of general rules and regulations for its management. Quite a number of persons of the medical profession are spoken of in connection with the male Medical Directorship, among whom are Dr. A. V. Chessoron, of Pittsburg, who ranks among the first of his profession in Western Pennsylvania; Dr. Abraham P. Frick, late of the U. S. Army, now of Germantown, Pa; Dr. P. Y. Eisenberg, of Norristown, Pa., a young and rising practitioner, along with others, among whom may be mentioned Dr. Reed, of Norristown, and Dr. Richardson, of Philadelphia. From the high and conservative character of the Board of Trustees, it is well understood that a candidate for this position will be selected with an eye single to the best interests of the inmates and the commonwealth. Economy will be a feature that will be rigidly adhered to in the operation of this Institution, especially at its commencement, and salaries will be graded to the minimum rates. The Board are evidently desirous of making this an exemplary Institution in the State.

Personal.

—Dr. O. E. Herrick has removed from Greenville to Grand Rapids, Mich.

OBITUARY NOTICES.

—A despatch from London announces the death of Dr. J. C. Hermann Freund, Deputy Inspector General of Hospitals to the British German Legion during the Crimean war.

—Dr. James F. Marrh, one of the most prominent physicians of that vicinity, died at Rochelle, Ill., on Saturday, January 3d, 1880. He was a classmate of the late Dr. Spickler, and graduated at Rush Medical College, Chicago, in 1857, locating immediately in Grand Detour, moving from there to Dixon, and from there to Rochelle, where he continued to practice up to the time of his death. He died of dropsy. As his health had been failing for two years, his death was not unexpected. He was about fifty years of age.

—Dr. Townsend Ryan, of Anderson, Ind., died there December 30th. He was born at Lebanon, Pa., in 1813, studied medicine at an early age, graduated at Jefferson Medical College, Philadelphia, Pa., and at the Cincinnati Medical College. He moved to Anderson in 1843, and with the exception of a few years, has been a resident of that place ever since. During the war he was Lieutenant Colonel of the 34th Regiment Indiana Volunteers, and later surgeon of the 52d Indiana Volunteers.

QUERIES AND REPLIES.

—*Dr. J. H., of* O., asks—Is it professional, or according to the spirit of the Code of Ethics, for a physician to advertise in the newspapers, as "*Late an Army Surgeon*," or a "*Physician of — Years' Practice*," or a "*Graduate of —— Medical College.*"

Answer.—It is not consonant with the spirit of the Code of Ethics to make such an announcement in the public papers.

—*Dr. J. A. M., of Pa*, asks:—Suppose a physician wishes to put out a "shingle," would it be incorrect or in violation of any article in the Medical Ethics, for him to put *Allopathic* on said "shingle?" Has the word, as a distinctive mark between the two schools, become obsolete?

Answer.—The word "allopathic" is wholly incorrect and inapplicable to the regular and scientific practice of medicine, and should not, therefore, be used to designate it.

—*Dr. B. L. L., of Ill.*, asks suggestions to break up the habit of tobacco chewing. Is there any harmless substitute, or drug, which will induce a distaste for tobacco?

Answers from readers are requested.

—*Dr. W. B. T., of Ont.*, asks for a good formula for cod-liver oil emulsion, those usually recommended not having proved satisfactory. A good emulsion should be not nauseous, and permanent.

—*Dr. W. E. M., of Md.*—The full and original formula of Warburg's tincture, with the necessary explanations, will be found in Napheys' *Modern Medical Therapeutics*, p. 410. It is quite long, or we should quote it here. Of its unequaled effects in certain cases there seems no doubt.

—*Inquirer.*—Of the many pepsin preparations in the market, we think more depends on getting a fresh one, than the make of this or that manufacturer. All of them lose their power rapidly, especially in hot weather.

MARRIAGES.

HOOVER—BOAL.—At the residence of the bride, in Venice, Ohio, Thursday, January 1st, by Rev. J. Haight, Charles C. Hoover, M.D., and Miss Carrie Boal.

LEBOUTILLIER—INGOLDSBY.—At the residence of the bride, on the afternoon of Christmas day, by the Rev. Mr. Gray, C. A. Le Boutillier, M.D., and Ella Ingoldsby.

POLEY—WATT.—On December 29th, 1879, at the residence of the bride's parents, Norristown, Pa., by the Rev. H. T. Ford, assisted by Rev. Wm. A. Jenks, Dr. Cyrus S. Poley, and Kate, youngest daughter of William Watt, Esq.

DEATHS.

WELLS.—In Hill, N. H. December 30th, of paralysis, Daniel E. Wells, M.D., aged 52 years. A practicing physician of that place.

WHITE.—In Paris, France, on December 30, 1879, Dr. Samuel S. White, aged 68 years, late of this city.

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Communications.

STATISTIC, CLIMATIC AND ALLIED FEATURES OF SCARLET FEVER.

BY T. S. SOZINSKEY, M.D., PH.D.,

Of Philadelphia.

(*Concluded from page* 70.)

Relations of Foul Gases to the Disease.

It is now believed by many that there is a close connection between the presence of exhalations from fecal matter or sewage, and the prevalence of scarlet fever. It is hard to prove or disprove this, just as it is a similar belief in regard to diphtheria, as well as typhoid fever. Now, if there is a vital connection between each of these diseases and sewage exhalations or gases, the statistician should find all three, as a rule, most prevalent in places where the latter are most abundant, in the most unhygienic districts. It is worth while to look into the subject from this standpoint. It appears, from an analysis which I have made of the mortality from each of these diseases to the population in each of the wards of the city of Philadelphia, in the year 1875, that in the Fourth ward, the one in which scarlet fever was at its worst, typhoid fever was not, by a great deal, as bad as in the Nineteenth, and diphtheria was not half as bad as in the Sixteenth ward. The Fourth ward is thickly populated, and is one of the most unhygienic in the city. In the Nineteenth ward, the one in which typhoid fever was at its worst, the death rate of both scarlet fever and diphtheria was less than in a number of other wards. This is, in parts, a semi-rural ward. In the Sixteenth ward, the one in which diphtheria was at its worst, the death rate of both scarlet fever and typhoid fever was less than in a number of other wards. It is a built-up and a comparatively unhygienic ward. The analysis does not show that the three diseases in question are, in common, essentially dependent on sewage emanations for their prevalence. It is more than probable, however, that unsanitary surroundings favor the spread of each, once it is started; and that this occurs largely through a reduction in the vital stamina of the population.

In this connection, it may be stated that in the report of the Health Officer of Philadelphia for the year 1878, this curious announcement is made: "It is somewhat remarkable that when diphtheria increases scarlet fever decreases; and when scarlet fever increases diphtheria decreases, as the following figures will show:—

	Diphtheria.	Scarlet Fever.
First quarter	135	164
Second quarter	81	151
Third quarter	90	94
Fourth quarter	158	145"

A broad generalization this! It is a pity there is no substantial foundation for it, as the "figures will show."

Relations of Age to the Disease.

Scarlet fever is very largely a disease of childhood. In his "Principles and Practice of Medicine," Dr. Flint says: "Statistics show that the disease occurs most frequently in the third and fourth year of life; that the liability to it diminishes rapidly after the fifth year, and becomes very small after forty." In the work of Drs. Meigs and Pepper, quoted from above, it is said: "The disease is most common between the

ages of one and five years." In this statement the Doctors are a little too indefinite; but it is assuredly true. The following table shows the ages at which the deaths from the disease in the United States occurred in the census year ending June 1st, 1870:—

Under 1	2,100	15—20	331
1	2,967	20—25	162
2	3,262	25—30	92
3	2,930	30—35	33
4	2,296	35—40	37
Under 5	13,555	Over 40	106
5—10	4,819	Unknown	12
10—15	1,140		

This table indicates that children of two years of age are most liable to the disease; but it must be remembered that the number of children of two years is greater than that of three, of three than of four, and of four than of five. The following table gives the deaths from the disease in Philadelphia, according to age, for the forty-seven years ending with 1878:—

Under 1	1127	10—15	496
1— 2	3126	15—20	131
2— 5	8035	Over 20	277
5—10	3933		

These figures seem to show that quite as many in their second year as at any other age, die from the disease. The number of deaths of persons over five is relatively small.

Now, is the rarity of this disease among persons over say ten years of age due to the fact that nearly all have had it? This is the view taken of the matter by many, and it is, of course, based on the principle that those who have had it are not liable, or at most but slightly so, to have it again. Likely, this is in part true, but there is reason for the belief, I think, that persons of tender age are naturally the most susceptible to it. It may be, however, that children are in some way specially exposed to the influences which tend to propagate it.

Relations of Sex to the Disease.

There appears to be some question as to the relations of sex to the mortality from scarlet fever. In their work (op. cit.) Drs. Meigs and Pepper say: "The truth is, probably, that under puberty it attacks the two sexes with about equal frequency; while after that age it is more common in females." According to the mortality statistics of the United States Census Bureau, collected for the year ending June 1st, 1870, it appears that more males than females die from it under five years of age, but that after that age more females than males. The following are the figures:—

Age.	Males.	Females.
Under 1	1173	927
1	1552	1415
2	1679	1583
3	1514	1416
4	1201	1095
Under 5	7119	6436
5—10	2377	2472
10—15	484	656
15—20	142	192
20—25	67	95
25—30	31	61
30—35	11	22
35—40	16	21
Over 40	46	60
Unknown	6	6

Of the 18,025 deaths from the disease in Philadelphia from 1831 to 1878 inclusive, there were 9129 of females and 8896 of males—a majority of the former of 233. The printed reports of the Health Officer of the city do not enable me to give any details on this subject. In the Report of the Board of Health for 1875 it is said, in reference to this matter, that "as most of the deaths occur under ten years of age, and as under this age there is an excess of the male population, we may therefore conclude that out of equal numbers of both sexes living, the deaths from scarlet fever are almost if not quite equally divided between the sexes."

This statement leads me to believe that the subject under discussion must be a very knotty one, for it contains passing strange logic. If there are more deaths of females than of males in a population with an excess of males, of course, the death rate among the former is higher than that among the latter. The excess of males born alive has nearly or quite disappeared before the fifth year of age is reached; so, after that period there are as many or more females than males, and consequently as many or more deaths of females than of males should be expected. But with an equal number of either sex living, the difference in their methods of life, apart from physical and mental differences, would lead one to expect more females than males to be attacked by the disease.

On the Cause and Spread of the Disease.

Does a study of the mortality statistics of scarlet fever, and their climatic, seasonal and other relations, enable one to point out what the immediate cause of the disease is, and how it is propagated in a community? I think it does, in a measure. I cannot enter here into a full discussion of these important matters, matters which have provoked much controversy. I will limit my remarks to a few brief statements, by way of addition to those already made incidentally. It is certain that the cause is something; it must be a

tangible thing. He must be a very loose and entirely unphilosophical thinker who can regard pestilential diseases as originating without a physical cause. Any tendency in this direction which may still exist is a relic of an unscientific age, a remnant of the mode of thought of the superstitious Romans, who erected on the Palatine Hill a temple to the Goddess of Fever. The plague which raged in the Grecian army, and which is described by Homer, is attributed by him to Apollo—

"Latona's son a dire contagion spread,
And heaped the camp with mountains of the dead."

We, too, hold that as the heat of the sun is, in a sense, essential to all vital activity, his "darts inflict the raging pest;" but there must be a medium. This was clear to Thucydides, who described the Athenian plague, as well as to Arateus and Galen, among ancient physicians; and from much that is contained in the code of hygiene of Moses, who was versed in the learning of the Egyptians, it is likely the idea is very ancient. But is this *materies morbi* a mere exhalation or a specific organism? Numbers of writers now hold that it is a living, self-propagating entity, a unit in creation, just as a house fly is, and that it never originates spontaneously. There would seem to be quite as much reason to hold that the sperm cell is a living, independent entity; this, I believe, nobody would venture to do. The possible properties of formless particles of organic matter of different kinds are as yet but very imperfectly known. The contagion of the disease is probably an unorganized substance, a sort of ferment, cast from the person of a patient suffering from the disease. But it is questionable whether or not every case of the disease can be traced to this; cases of it occur where, in all probability, there was no direct infection; or, as Dr. Hillier puts it, in his book, "The Diseases of Children," "I am strongly inclined to the belief that it does sometimes originate without exposure to infection." This is one of the difficulties in the way of the acceptance of the organized germ theory of the causation of the disease, unless the spontaneous generation of such organisms is admitted as possible. Very few cases of the disease can, however, be regarded as sporadic.

Drs. Meigs and Pepper say (op. cit.): "It has been abundantly proved, by long and reiterated observation, that scarlatina is propagated by two causes—contagion and epidemic influence. We have not the least doubt that the latter is by far the most active." What is meant by "epidemic influence?" It may refer to the cause of disease as generated outside of the body, an aerial infection. And what is "contagion?" The cause of disease as generated in a person suffering from it. As applied to the disease under consideration, I think what is called "epidemic influence" might be interpreted as meaning the prevalence of an unusual susceptibility to the disease; and consequently, that contagion is almost, if not exclusively, the cause of the disease. This much is certain: that if the only or the chief cause of any disease is a self-propagating organism which is not destroyed by either a midsummer or a midwinter temperature and other meteorologic conditions, it follows that, as Noah Webster says of the plague, in his curious book, "The History of Epidemic and Pestilential Diseases," "it must rage forever; for the longer the disease exists the more extensive must it be." Any pestilential disease which can prevail through frosty weather may be regarded as contagious.

On the Prevention of the Disease.

The last feature of scarlet fever of which I will speak is its preventableness. Deaths from it do not necessarily occur. The disease is tolerated in our midst, and it destroys its hundreds and its thousands. In his book, already quoted from, Dr. Hillier well says: "I believe that if this disease were treated by government with the same activity that was displayed to prevent the cattle plague, it might be almost entirely extirpated. Isolation of the sick and careful disinfection of all articles used by them, and of places occupied by them, would effect this." In this city there is a law which calls for a report of every case of it, to be made by the physician in attendance, to the Board of Health; but it is not enforced; and practically it makes little difference whether it is or not. Only complete isolation of the sick will stay the spread of the disease; isolation for at least a month from the beginning of the attack. If every case of it as it occurs were taken to a suitable hospital, there is every reason to believe that the cases of it would soon be rare. Ought not something of this kind to be done? Is it not worth while, is it not politic and humane, to institute some effective measure to stay this insidious scourge, which promises to lay claim to one thousand victims during the present year (1880) in this city?

—Among its other afflictions, Ireland, says the Dublin *Medical Journal*, is over-doctored. There are at least 25 per cent. more medical men there than can get a living. It advises Irish graduates to emigrate.

ETHYL BROMIDE, OR HYDROBROMIC ETHER—CASES OPERATED ON UNDER ITS INFLUENCE.

BY GEO. F. SOWERS, M.D.,
Of Philadelphia.

There has lately appeared as a claimant for popular favor a new anæsthetic, or while perhaps not new, yet one that has not been very extensively known and employed. First brought into notice by Dr. Turnbull, of this city, it has well sustained the reputation which he gave it. Recommended by Dr. Turnbull to Dr. Levis, it has been employed quite frequently by the latter gentleman as an anæsthetic in his clinical service at the Pennsylvania Hospital. In no case, as yet, have dangerous symptoms presented themselves in anæsthesia produced by the bromide. Its action, while more prompt, is no more dangerous than that of ether, and while anæsthesia is as profound under its influence as that of either ether or chloroform, it is much more evanescent, patients perfectly anæsthetized being able, in from two to four minutes after its withdrawal, to walk or perform any motion requiring coördination. Another advantage of this agent is the small amount required to produce anæsthesia; two drachms will, in from one to three minutes, produce an anæsthesia as profound as an ounce of ether; its cost is, of course, a consideration; at present the bromide is worth about 40 cents an ounce, but when we take the relative quantities of other anæsthetics required to produce anæsthesia, the expense is not any greater, if as great. Under its influence any class of operations may be performed; major and minor operations are alike painless. Further, there is not present that depressing influence so often found in the use of ether and chloroform, nor is the desire to vomit present after its use, though occasionally there is slight, but not marked, nausea. I have the history of a number of cases operated on under the influence of the bromide, in which its physiological effects were studied; nearly all the cases were patients at the Pennsylvania Hospital, and a study of the notes taken will, perhaps, be interesting.

The first case in which this anæsthetic was employed was one of amputation of the thigh. Of this case I have been unable to obtain any further record than that eleven (11) drachms were used in the forty minutes which it took to perform the operation; in this case anæsthesia was produced in one minute; no bad after symptoms were exhibited.

In the next case, which was that of removal of cataract in a child, complete anæsthesia, with snoring, was produced in one minute, by one drachm of the bromide; in three minutes, on account of returning consciousness, this amount was repeated. No nausea or vomiting followed the use of the anæsthetic.

In the next case the patient, a man, had fallen from a height, and met with a fracture of the tibia. Previous to the administration of the bromide the pulse beat 80 strokes to the minute; under the anæsthetic it rose steadily to 85 and then to 90. Two drachms were first administered; in one minute the patient talked and cried out, very much in the manner of one under the influence of ether. In one and a half minutes this excitement had subsided, and in 2 minutes the patient was snoring and thoroughly relaxed. The examination and dressing of the patient's fracture occupied ten minutes, and in this time four drachms of the bromide were used; the pupils remained normal during this period, face slightly flushed, skin warm. Two minutes from the time of withdrawal of the bromide saw the man perfectly conscious; slight nausea but no vomiting supervened.

The effects of the anæsthetic in the next case were not, unfortunately, very fully studied. The operation was that of external perineal urethrotomy; this case, when admitted to the house, gave a history of having been tossed on the horns of a cow; the urethra was torn across, and a cicatricial stricture had formed; this had been repeatedly operated on, but unsuccessfully. When admitted to the house a filiform bougie was with difficulty introduced, the parts being exquisitely sensitive. Unfortunately no notes of the quantities given and the time were taken. In this case, however, the diaphoresis, which would seem to be one of the characteristic symptoms in anæsthesia from the bromide, was first noticed; in the first stage of anæsthesia the pupils became widely dilated, and the patient perspired profusely; the pupils after a time became contracted, but the sweating remained as a marked feature.

The next case upon which the bromide was employed was that of a girl, who in early life had lost her arm (about the middle of the humerus) in a railway accident. A spicula of bone extruding from the stump now required removal. Two drachms of the bromide were administered to her at 11.31 A.M.; at 11.32 patient quiet; 11.33 patient talking, but no struggles; 11.34 anæsthesia complete, and another drachm administered; pulse not depressed, respiration unaffected; 11.36 patient snoring; 11.38 patient conscious; some sweating, but not marked.

The next case in which the bromide was used was one in which it was necessary to remove three of the toes and some of the metatarsal bones, on account of syphilitic disease. The pulse before the operation marked 132, and excited, the respirations 27. At 11.26 two drachms were administered; at 11.28 another drachm; patient snoring at 11.29, at which time the operation, lasting till 11.31, took place; at 11.30 another drachm; pulse 120, respirations 24; patient sweating profusely, and face congested, or, to be more accurate, flushed; at 11.34 patient woke; pulse 104; thus in eight minutes from the administration of the first drachm the patient was perfectly conscious.

A boy suffering under paraphimosis became the next bromide subject. Anæsthesia took place in one and a half minutes in this case. The first drachm was administered at 11.52 A.M.; at 11.53 patient was snoring; at 11.53½ the second drachm was administered; the pulse, which before the operation beat 105, now beat 120, respirations 22; at 11.55 another drachm; respirations little rapid, and 21 to the minute; at 12 M. patient conscious. No after symptoms.

The next case was one in which it was necessary to search for a bullet which was supposed to be imbedded in the tissues of the forearm. Six drachms were employed, one drachm being administered every two minutes; pulse before anæsthesia 105, respirations 32. First two drachms administered at 11.31 A.M.; at 11.34 face flushed, patient excited, and another drachm administered: at 11.35 pupils dilated and patient snoring; pulse 112, respirations 32; at 11.36 another drachm given; 11.38 another drachm; at 11.39 profuse diaphoresis; at 11.40 another drachm; at 11.41 patient snoring, pupils contracted, pulse 96, and stronger; 11.42 another drachm; at 11.44 the Esmarch bandage removed; at 11.47 patient conscious.

Amputation of the second joint of the little finger was the next case upon which the bromide was employed. In this case more resistance was offered to the effect of the anæsthetic than in any case thus far experimented upon, though it is but fair to add that the patient was given to alcoholism. Pulse before anæsthesia 120, respirations 24. At 11.49 two drachms administered; at 11.51 one drachm administered; face flushed, pupils dilated, patient excited; at 11.52 patient snoring, and pupils widely dilated; at 11.53 another drachm; at 11.55 anæsthetic withdrawn; and at 11.57 patient conscious, and walked out of the arena without assistance.

The next operation in which the bromide was employed was that for the relief of anal fistule. Pulse before administration of anæsthetic 150, respirations 28. At 12 M. two drachms were administered; at 12.03 pupils dilated and patient somewhat excited, and another drachm administered; at 12.05 another drachm given; patient quiet; at 12.06 anæsthetic withdrawn; and at 12.07 patient conscious.

The next subject upon whom the bromide was used was a boy suffering with phimosis. Pulse before anæsthesia 96, respirations 24. Two drachms administered at 12.11; at 12.13 another drachm given; face flushed and sweating present; at 12.15 another drachm; at 12.16 another drachm; 12.17 patient snoring, pupils dilated, profuse diaphoresis; at 12.18 bromide withdrawn; at 12.20 patient conscious, and walked out of the room without assistance.

The next use made of this anæsthetic was in the examination and setting of a fractured thigh. In this case neither pulse nor respiration was affected. Two drachms were administered at 11.15; at 11.17 patient unconscious, and another drachm administered; at 11.19 another drachm; at 11.20 anæsthetic withdrawn; and at 11.21 patient conscious.

In the next case it was necessary, on account of disease, to incise the periosteum, and to produce anæsthesia the bromide was employed. At 11.49, pulse being 110, respirations 32, the usual quantity of two drachms was administered; at 11.50 the face flushed, pupils slightly dilated; at 11.51 another drachm; at 11.52 bromide withdrawn; and at 11.53 patient able to dress himself and walk out.

In the next case a cancerous growth was removed from the roof of the mouth, one of the superior maxillæ having been removed some weeks previously, on account of disease in the antrim. Pulse before anæsthesia 88, respirations 27. In this case three drachms were employed, the patient being under the influence of the drug for four minutes. It took three and a half minutes to fully anæsthetize him, and one and a half minutes for him to recover consciousness after the withdrawal of the bromide.

The last case the notes of which I shall report was one in which it was necessary to employ the actual cautery, on account of synovitis of the knee joint, the patient being a boy about 17 years of age. The pulse before operation beat 120, respirations 28; two drachms administered at 12.53; at 12.54 pupils slightly dilated; at 12.55 another drachm given; pupils more markedly dilated; at 12.57 patient perfectly relaxed, and unconscious, sweating slightly, face flushed; at

12.58 another drachm; patient now in profuse diaphoresis, and pupils widely dilated; at 12.60 ʒss administered; pulse 120, respirations 20 and slower; at 1.02 P.M. patient perfectly conscious. It will thus be seen that bromide of ethyl presents the great advantage of safety (so far as any anæsthetics are safe), rapidity of action, smallness of quantity required to produce anæsthesia, but little action on the respiration and circulation, and a rapid passing away of anæsthesia. Further, its odor is not unpleasant, those standing three feet from the point at which it is being administered not being able to detect it; it is not inflammable (and it is, in fact, said to put out fire), thus presenting an advantage for night use. One should understand, however, how best to administer it. A small napkin should be folded and pinned to a folded towel that covers the patient's face; on the napkin two *measured* drachms of the bromide should be poured, and the patient directed to take long, deep inspirations, or, what is better, prolonged and forced expirations; in two minutes from the time of administration of the first two drachms a second drachm should be given, and this should be repeated at intervals of two minutes. Thus far each drachm has been measured, and it would, no doubt, be economy to follow this plan altogether in the administration of the bromide; waste is thus avoided and the effects of the drug can better be studied. It would seem that the bromide of ethyl is one of the long desired boons of medicine; to the country practitioner it presents a vehicle potent in small quantities, not making it necessary for him to carry a quart bottle to each operation he may be called on to perform, a half-pound bottle of the bromide answering for many operations; to the city practitioner it presents the advantage of not filling his office or the house of the patient with an odor that is not only unpleasant to many, but which lasts for such a length of time as ether does. I have been told by a gentleman (practicing in the country) who has employed this new agent, that he can now perform an operation in his office, and have his patient leave in from 10 to 15 minutes from the withdrawal of the bromide, while when ether is administered, he must remain 3 or 4 hours until the effects of the ether, the nausea, vomiting, etc., have, in some measure, passed off. If time is money, surely we save with this agent both time and money.

—Biggsville, Ill., has a medicinal spring that is said to be good for sore eyes.

DO WE KNOW ANY CAUSE OR CAUSES OF TYPHOID FEVER?

BY W. J. CRAIGEN, M.D.,

Of Cumberland, Md.

Dr. De Havilland Hall, in his valuable work on "Differential Diagnosis," says of typhoid fever: cause, "decomposing animal and vegetable matter" (page 38); "can often be traced to an external zymotic or septic influence" (page 42); locality, "old soil; may be high and dry and long settled" (page 38).

This may be the best information we have on the subject, but I believe it to be an error. I will take, for instance, an endemic which occurred in this place; but first it may be well to try to give some description of the city. Cumberland is located in a well drained valley at the junction of the Potomac river and Will's Creek, surrounded by high hills and mountains. Nearly all its streets are paved with cobble stones; are kept moderately clean; has a good supply of water, and is about as well cared for by the authorities as any other city. Situated on the northern boundary, at the foot of a hill, is Decatur, a pretty little street of four squares, with comfortable brick dwellings, many of which are large and commodious, with intervening space between. The western portion of the street crosses at right angles the mouth of a small valley, in which is a short, unpaved street, two hundred yards long. This little street contains thirty badly constructed tenement houses, mostly frame, where live a portion of the colored population of the city. The locality is known as "Frog Eye." On each of the hillsides above Frog Eye, and parallel with it, is an occupied street. Near the western end of Decatur, and apparently an extension of it, is Columbia street, situated on a higher elevation, with fine brick residences, disconnected, with gardens and front yards. Here reside, in comfort and ease, many of the best residents of the city. On a moderate declivity, facing south, is Hanover street, south of and somewhat at right angles to Columbia. It is more compactly built up, with neat frame and brick houses. These three are the cleanest streets we have, well paved, with clean gutters and sidewalks. They have no sewers, I believe, and all the waste water from the hydrants is conveyed into the gutters by short drains. The soil on Hanover street is said to be moist.

At the southern end of the city is the head of the Chesapeake and Ohio Canal, and canal basin, an expanse of eight or ten acres of water, where coal boats are loaded from two large wharves

which extend across the basin. Along the northern bank of the basin is an unpaved street, six hundred yards long. Between this street and the railroad bank is a narrow strip of land, on which is a row of fifty poorly built, low, frame structures, used for green groceries, saloons, various shops, smithies, etc. This place is the resort of boatmen, and is known as "Shanty Town."

Through two-thirds of the thickest settled portion of the city, and parallel with Will's Creek, is a mill race, open except where it passes under the streets and some residences. This receives the contents of the sewers, washings from the streets, refuse from dye houses, pig styes, numerous privies along its banks, and is a receptacle for the drainage from the territory occupied by four-fifths of the population. This race empties into the head of the canal at the upper end of Shanty Town, and its debris is deposited opposite.

Water is supplied equally and sufficiently to all the inhabitants, from the Potomac, by the Holly system. Its quality is not the best, however, and causes diarrhœa in those unused to it.

In 1877 an endemic of typhoid fever occurred. The largest number of cases were on Decatur, Columbia and Hanover streets, in the best families and finest mansions, where there was clean apparel, clean, well ventilated rooms, clean premises, good diet and clean cooking. Many families had the advantage of good cistern water. I do not know the number of deaths, but many cases were severe and protracted. While, behold, Frog Eye, not three hundred yards distant, with its dirty denizens, in their filthy clothing and bedding, overcrowded, small, unventilated rooms, coarse food, badly cooked in unclean vessels; its neglected sinks and surroundings; its disgusting odors; its butchers' shambles; its open mud ditch and dirty street; its hillside cemetery; its swine, goats and geese at large; not a single case occurred. And disgusting Shanty Town, with its numerous mule pickets around the front doors, and its privies almost in the back doors, its decomposing garbage, stagnant basin and offensive effluvias, had but two cases. And the margins of the mill race also appear to have been nearly exempt.

I have no faith in the sewer gas theory, neither has the following changed my belief: The house I have occupied since April last borders on the race. The plumbing includes marble wash basins in the sleeping apartments, with bath room, tub, and water closet in rear building. The waste water enters a sewer, one hundred and seventy-five feet long, which receives several other sewers, and leads to the race. When the water is discharged from the receptacles in the house, a strong volume of offensive gas escapes from the pipes into the occupied rooms, and for aught I know does so day and night. The former owner, who superintended the plumbing, admits the traps are defective.

A case of typhoid fever occurred in his family about four years ago, and was attributed to a defective sewer impregnating the well water. The sewer was changed, but he did not inform me why the other eight persons in the house escaped. His wife attributed some sickness in the family the following year to malarial poisoning.

I have intentionally avoided flushing out and disinfecting the pipes and sewer, to test the virtue of sewer gas, yet no case has occurred thus far. Some physicians claim that in proportion as the water level becomes lower typhoid fever increases, but here, during the whole of the present summer and fall, the water in the streams is said to have been lower than ever before known. I think we have had as little, if not less, typhoid than usual.

A thoughtless writer says, absence of sewers and cesspools, even in the primeval mountain forests, where there are few settlers, is a cause of typhoid fever. That "where it occurs in isolated places, beside pure streams and bubbling springs, the excreta are almost invariably allowed to accumulate close to dwellings, and escape into the soil around, so that it becomes saturated, and in many cases finds its way into springs and wells." Now, ye mountain practitioners, you that know the source of your typhoid cases, why not stamp it out? He also says, "Liebermeister says that the prevalence of typhoid fever in any place depends largely upon the extent to which the inhabitants drink the contents of their privies and sewers." Liebermeister should extend his investigations to Cumberland.

Here the drainage from the territory occupied by one-fifth or one-fourth the population, and a large cemetery, flows into the river just above the mouth of the supply pipe of our city water works. After continuous rains the water we use contains large quantities of mud, decomposing animal and vegetable matter, and other disagreeable substances, and shows heavy deposits on standing. We also have a large coal wharf above the mouth of our supply pipe.

But the most startling assertion he makes is, "but I have rarely seen a case in which I could not, with extreme probability, point out the source of the disease." This is a most unfortu-

nate statement. It is apt to mislead the ardent worker after truth and facts. If not prejudice, it indicates an unfamiliarity with the subject which is deplorable indeed. Here is a delusion, a deceptive imagination, an obtuseness of the reasoning faculties, an impaired judgment.

In contradistinction, hear the words of a veteran. "Neither do we think that a practitioner who has had the experience of a single season of epidemic typhoid fever in the country can refer to these agents as the cause of such epidemic, without rejecting the evidences of his own senses." See paper by Dr. George Hamilton, on relation of sewer gas to typhoid fever, MEDICAL AND SURGICAL REPORTER, May 3d, 1879. Also see editorial in the REPORTER, February 5th, 1876.

I may be running counter to the opinions of the entire scientific world, but certainly not contrary to the views of experienced practitioners.

January 2d, 1880.

A REMARKABLE CASE OF RECOVERY FROM OPIUM POISONING IN AN INFANT LESS THAN THREE DAYS OLD.

BY J. P. THOMAS, M.D.,
Of Pembroke, Ky.

Mrs. F. was taken in labor at 12 o'clock on the night of the 29th of September, and delivered, after a severe and tedious labor, at 9½ o'clock the following night, of a male child, weighing in the nude state nearly eleven pounds.

This was Wednesday, 9½ P.M., September 30th, 1879.

The mother complained, from the first, of considerable abdominal soreness, and on the second day, there being great tenderness in uterine, and especially in left hypochondriac region, accompanied with fever, fetor in the discharges, etc.; fearing septic fever, carbolized injections were directed to be given, with turpentine stupes over the abdomen.

Apart from after pains there was constant pain complained of, accompanied with great nervousness. For this condition, the following was added:—

R.	Spts. nitros. æther.,	℥j
	Sulph. morphiæ,	grs. iij.

SIGNA.—A teaspoonful every four hours, or oftener, according to urgency of pain.

Mrs. F.'s mother was her nurse, and barring her extreme interest and anxiety for her daughter, a very good one.

Up to 12 o'clock of third day Mrs. F. had taken five teaspoonfuls of the morphia mixture, when, as I was leaving, the grandmother called my attention to the fact that the baby's bowels were inactive and its skin very yellow, for which half a grain of calomel was left, with instructions to mix it in a teaspoonful of olive oil, and give to the child, as soon as she completed some directions for the mother. The olive oil was in an ounce vial, precisely in form as the one containing the morphia mixture, but was full, and plainly labeled "olive oil," while the other was less than half full, and not labeled. Yet, by some unaccountable act of carelessness or absent-mindedness, two hours after my departure, at 12 M., Saturday, she gave the infant, who was less (from 12 M. to 9½ P.M.) than three days old, the dose intended for the mother (the subject of circumscribed peritonitis), a dose a fraction over one-third of a grain of morphia.

Notwithstanding the strength of the nitre, she said the child swallowed it without even a wry face; it was two hours after its administration before she discovered her terrible mistake, and another hour elapsed before I could be summoned and reach the house. The dose was given at 12 M., and I arrived exactly at 3 P.M. Though it was evident that all the poison had been removed from the stomach by absorption, yet an effort was made to induce vomiting, by ipecac. and warm water, by enema, and oiled feathers twisted into the fauces repeatedly, but without success. It was evidently useless to attempt the administration of an antidote, or anything else per os, because the muscles of deglutition were entirely paralyzed, and, as a consequence, there was danger of its entering the trachea and producing death by arresting the already extremely feeble respiratory efforts.

Soon finding the sphincter ani too much relaxed to retain anything given per rectum, and having broken my hypodermic syringe, artificial respiration was the only means left me. Notwithstanding the apparent hopelessness of success, I determined to make an effort to prolong life, if possible, by artificial respiration, until the poison should be exhausted by time.

The effort to arouse him or keep him aroused by the usual means of hot baths, or cold to the head and face, or all of the various appliances for that purpose, were abandoned after the first hour, as useless, and only fatiguing and exhausting to the little patient. Until strong coffee could be prepared, the little fellow was kept enveloped, from his waist down, in a flannel wrung out of water as hot as the skin would bear, short of blistering, for its revulsive effect, and to keep

up animal heat. Then the coffee was substituted, for the reason that it would fill the same indications as the hot water, and in addition, by absorption, it might prove antidotal. With his head slightly elevated, my right hand on the thorax, with its fingers covering the apex of the heart, and my left ready to grasp with its finger and thumb his nose, I awaited patiently the suspension of respiration, which constantly became more feeble, and finally intermittent; the cardiac contractions corresponding, as to feebleness, exactly with the respiratory effort. The first entire suspension of respiration, but with the heart continuing to beat very feebly, was at 7 P.M., seven hours after the poison was given. Grasping the nose with the finger and thumb of the left hand, and my lips surrounding his mouth, the lungs were inflated to their fullest capacity, being careful not to rupture the air cells by using gradual but steady expirations of my own. One inflation was all that was required on this first effort at artificial respiration; when instantly, with a gasp or two, the breathing was reëstablished, with increased and regular action of the heart. To my surprise this action continued nearly one hour, when suddenly, with a sort of cluck, respiration ceased, the heart contracted, and the surface became livid. As before, the lungs were inflated, but with no responding gasp.

When the air was expelled by firm but gentle pressure upon the thorax, and the lungs were again filled, instantly the heart began rapidly to pulsate, but it was several seconds before the lungs responded and the anxiously expected gasp was heard. After three or four gasping efforts at respiration, the breathing became smooth and regular, but did not continue over thirty-five minutes. As before, with a sudden cluck, the breathing ceased, the heart became perfectly still, surface a leaden hue, mouth, tongue and lips almost black; this time the extremities rapidly became cold; in fact, every sign of life disappeared. The same manipulations, much oftener repeated, however, first started the heart to contracting, then, by much more prolonged and intermittent gasps, the respiration was again established; the cyanosis was replaced by the bright red color of skin.

But for a number of times successively, in fact, until the last three resuscitations, the period of breathing without cessation diminished, until from continuing for nearly one hour at first, it would not continue over ten minutes, and toward the last, each time it required a more prolonged effort to rëestablish the circulation by the stimulation of the impure oxygen; though I was careful to fill my lungs with a full inspiration each time before inflating the child's, yet it was necessarily somewhat carbonized by first entering my lungs.

I can but think if I could have had some sort of bellows, it would have required fewer inflations, and rendered the little patient less sore, as far as his ribs and lungs were concerned, by the repeated pressure upon them in expelling the air. But to be brief, after succeeding thirty-seven times in resuscitating this little patient, occupying a constant attendance and watch of over forty-eight hours, he was finally rescued from death. The thirty-seventh effort at resuscitation was only made at the earnest request of a sobbing father, eloquent with distress; not until ten minutes had elapsed did I yield to his pleadings, as I had lost all hope of final success, and left the room exhausted, with the announcement, "I will not make another effort."

Although it required a longer time before the systole of the heart was felt, and longer before an effort at respiration was observed, yet I was finally rewarded for all my prolonged and arduous labor, by not only complete reëstablishment of the breathing, as in all the preceding efforts, but more liberally so by its continuing from this on, without the slightest arrest in the action of the heart or lungs. It was still several hours before the child could be induced to swallow milk from a spoon or nurse from its mother; not until the third day, or about fifty-five hours from the administration of the morphia. Its first effort at nursing was a very feeble one, but soon after, on giving him the nipple, he grasped it and nursed vigorously, and evidently with an appetite that it was dangerous to satisfy at "one sitting," having been nearly three days without food, except an occasional enema of milk during the last two days, and but little of this was retained, owing to the relaxed condition of the sphincter ani.

Now, I can conceive of no physical labor so exhausting, to say nothing of the anxiety consequent upon seeing an almost heart-broken grandmother nearly demented with the terrible idea that she was the murderer of the child. It was through sympathy for her that I labored so long to restore it.

This brief report is made only for the purpose of showing what patience and perseverance can sometimes accomplish, and as a precedent to others not to abandon such cases as hopeless because they look so; many such, even adults, that might recover are given up too soon.

I am a strong believer in the antidotal and antagonistic powers of belladonna versus opium; and if I had had at hand a hypodermic syringe I should have used atropia. It now seems fortunate that such was not the case, as the subject was so young I should doubtless have overdone the thing, and failed of success.

Editorial Department.

Periscope.

Value of Venesection in Pleurisy.

Dr. E. Copeman, of Norwich, England, writes to the *British Medical Journal*—

There is one form of disease which is peculiarly under the influence of bleeding as a remedy, and if treated in its early stage or onset, is cured by it very speedily and satisfactorily. Nevertheless, it has fallen into disuse in these latter times, in this as in almost every other disease. I allude to idiopathic pleurisy. I well remember, when I was living in the country, many years ago, an epidemic, if so it may be called, of pleurisy; and I was called to many of the cases, and summoned early, on account of the severe pain attending the commencement of the attack. I resorted to venesection in almost every case, with the result of immediately relieving the pain and very quickly curing the patient—indeed, it was almost the only treatment required; the blood was allowed to flow until the pain was gone and the breathing free, and then an opiate draught was given, to produce sleep, and the patient was well in a few days. The last time I ever myself bled a patient was in a case of pleurisy, and the circumstances were so peculiar and the relief so immediate that I cannot refrain from relating the history of it in order to establish my point, that bleeding is a valuable resource in the early treatment of this disease.

On July 4th, 1861, I was requested, at night, by my late friend and colleague, Dr. Ranking, of Norwich, to visit a gentleman who was at the time the High Sheriff of the county. He had traveled from Southampton in the day, and sent for Dr. Ranking when he arrived in Norwich in the evening, on account of his suffering from very acute pain in the left side and great difficulty in breathing. For this Dr. Ranking applied leeches, followed by opiate fomentations, calomel and opium, antimony, etc., but without relief; and when he came for me he said his patient was literally bellowing with pain, and that he would die unless something else could be done for him. I found him complaining of severe pain in the left side, rendering him unable to move that side of the chest enough to yield any stethoscopic signs; he was feverish and anxious, had a rapid pulse (110), and said the pain would kill him if not soon relieved. It appeared that he had been lately suffering from some kind of fever, with congestion of the lungs, in Jersey, from which he had but just recovered; and this, together with the fatigue of his long journey from Southampton, threw a little doubt on the propriety of bleeding; but as there was no time to be lost, I strongly recommended bleeding from the arm, which, after consulting the wife, was acceded to. I, therefore, at Dr. Ranking's request, at once opened a vein, and allowed the blood to flow until the pain was relieved. He was placed in the sitting position, and the quantity of blood drawn amounted to twelve or fourteen ounces.

Next morning we found him very much better, pulse below 100, scarcely any pain in the side, only a little dull aching, and we could now distinctly recognize friction sounds in the seat of pain. He took an aperient draught, and at night had a blister; but he was so much better that I did not see him again. Dr. Ranking told me a day or two afterward that Mr. M. was well enough to go to his own home, a distance little short of twenty miles from Norwich; that the bleeding had acted like a charm; and that his patient had expressed to him that he felt better than he had done for several months. Here was a case in which bleeding was practiced under what would generally be thought the very unfavorable circumstances of recent previous illness, and the fatigue of a long journey on the same day; yet it proved eminently successful, and there is every reason to suppose the patient would have died without it. He is still alive and well.

Is Scarlatina Contagious?

Dr. E. M. Snow, of Providence, says, in his last monthly report as Registrar of that city, speaking of a recent epidemic there—

It seems to me that the comparatively sudden and universal outbreak of scarlatina in every portion of the city at nearly the same time, is of itself convincing proof that the disease is spread by other means than by contagion. Certainly, if the disease has been spread by contagion alone, it must be a contagion possessing characteristics and governed by rules utterly different from any with which we are acquainted. It must be a contagion so subtle, so diffusive, so tenacious of vitality, and so rapidly spreading, that it is nothing but the sheerest nonsense to give any directions for preventing, or destroying, or controlling it. It must be above and independent of all the known laws of nature, and of course, independent of all our efforts to control it.

I do not believe in any such contagion as that. We may grant that scarlatina may be contagious, or rather infectious under some circumstances, and to a limited extent, and still not believe that

ordinarily or generally it spreads by contagion or infection.

My experience and careful observation during the last twenty-five years have satisfied me that scarlatina, as well as diphtheria, chiefly and generally depends for its propagation upon two causes: First, an epidemic cause, probably atmospheric, possibly electric, or other. Second, foul air, or foul water, mostly the former, and generally, in cities, foul air from privy vaults or sink drains or cesspools.

The first of these causes has different characteristics in connection with the two diseases named; the second cause is the same in both. Neither of the causes named can alone produce any great amount of scarlatina or diphtheria, and if either of the causes could be effectually removed, the disease now prevalent would speedily cease.

With this view, scarlatina and diphtheria are highly preventable diseases, and every citizen of Providence is, to some extent, responsible for the great amount of scarlatina in the city at the present time. The practical inference should excite and demand the immediate attention of every head of a family in the city. It is to remove, as speedily as possible, all sources of foul air in the vicinity of houses, and to make such arrangements as shall effectually prevent the children from breathing the foul air from vaults or cesspools, either in the daytime or in the night, and especially in the night. Remove, or thoroughly disinfect, all deposits of filth, and cut off and stop up all pipes that are suspected of bringing foul air into the house.

Peptonized Milk.

This preparation is recommended for invalids, by Dr. Roberts, of Manchester. He says of it, (*British Medical Journal*)—

After a good many trials, I now advise the following procedure for preparing peptonized milk for the sick room. A pint of milk is first diluted with half its bulk of water, and heated to about 150° Fahr. It is then put into a covered jug with a tablespoonful of liquor pancreaticus and twenty grains of bicarbonate of soda (in solution). The jug is then placed in a warm place, under a "cosey," for one hour. At the end of this time the milk is at once raised to the boiling point. It can then be used like any other milk, and undergoes no further change until decomposition sets in. It is well, however, to know that peptonized milk does not keep well, and that it should be used within twelve hours of the time of preparation. The use of the thermometer may be obviated by directing the milk to be diluted with an equal bulk of boiling water.

Another formula, which supplies a more nutritious product, and does not require the thermometer, is the following: To half a pint of cold milk, in a covered jug, add half a pint of well boiled and boiling gruel. This gives a temperature of 120° to 130° Fahr. To this add a dessertspoonful of the liquor pancreaticus, and a dessertspoonful of a saturated solution of bicarbonate of soda (which contains about ten grains). Put under a "cosey," as before, and heat to boiling at the expiration of an hour. In this case the trypsin of the pancreatic extract acts on the casein of the milk, and (I presume) on the gluten contained in the gruel. The diastase of the extract also acts on the starch of the gruel, and converts it into sugar. This method gives us a preparation similar in design to Liebig's food for infants, but in which the proteids, as well as the amylacea, are subjected to digestion. The making of it is exceedingly easy, and it would seem well adapted both for the nursery and for the sick room. The gruel employed should be made thin; it may be prepared from wheat flour, or from oatmeal, or from any other farina.

I have now used these fractionally digested articles of food in a considerable number of cases, and in many with gratifying results. If the process be properly performed, if it be cut short by boiling at the right moment—that is, after the curdling phase has passed away, and before ulterior changes have rendered the milk unpleasant to the palate—the resulting products are liked as well as if they were simple milk and water or simple milk gruel. But if the process be carried too far—or if, on the other hand, the milk be still partially curdled when put before the patient—the product is not liked, and is even apt to cause nausea.

Risks of Intra-uterine Medication.

Dr. C. Godson writes to the *British Medical Journal*—

With respect to intra-uterine medication, the results are likely to be serious; and I have already met with instances. If an application to the cavity of the body of the womb be required, there should be an amount of *endometritis* calling for it; but, in how many cases of discharges from the os uteri does the exudation come from above the canal of the cervix—the so-called internal os? I ventnre to say, in very few. The probe, covered with cotton-wool saturated with carbolic acid, is passed along the cervical canal up to the fundus uteri, and in many cases good results are obtained—not because the fundus uteri has been reached, but because the application has been made to the canal of the cervix; and, had a zinc-alum point been placed in this situation, and the uterine cavity have not been reached, the result would have been equally satisfactory, without the risk of danger possible to occur from probing the cavity of the womb. This brings me to the nature of the evil consequences.

One which I have met with is abortion. The possibility of existing pregnancy has not been thought of. The patient may have gone but a few days over her time for menstruation, and, not having been very regular previously, little heed is paid to this. Nevertheless, she may have conceived immediately after her first period, and, if even she have not quite reached her next menstrual epoch, she may yet be pregnant when the application is made. Another danger is that of inflammatory mischief in and around the uterus. It is well known how the simple passage of the ordinary uterine sound is liable to give rise to this. Surely, then, a probe saturated with carbolic acid or other agent is equally if not more likely to produce such results.

The points, therefore, that I would urge upon

my professional brethren are these. Before deciding to make applications to the cavity of the body of the womb, be satisfied that this part is affected by disease, and that it is not the cervical canal only that is involved. Without having determined this, it would be just as irrational to pass a medicated bougie into a man's bladder for every purulent discharge escaping from the meatus urinarius.

Perityphlitic Abscess Treated with Aspiration through the Rectum.

Dr. E. D. Merriam, of Ohio, writes to the Buffalo *Medical and Surgical Journal* the following case:—

I was called to see Charles Salisbury, September 25th, 1879, aged nineteen years. Found pain and tenderness in the right ileo-cæcal region, which, for the first few days, extended considerably over the abdomen, but under hot fomentations and anodynes the general peritonitis subsided, leaving a circumscribed tumefaction, with pain and tenderness in the right iliac region. The fever was not high nor the pulse above 100 at any time during the whole course of the disease. A blister applied on the eighth day drew well, and by the eleventh day the tumefaction was diminished, and at the same time dysuria, with some distention in the pelvic region, was making its appearance. The bowels moved without pain; urination was frequent, painful and scanty. On the twelfth and thirteenth days there appeared a slight watery and mucous discharge from the rectum, and by digital examination, per rectum, fluctuation was discovered by pressing at the right side of the rectum, about two and a half inches above the anus; on the fourteenth day, assisted by Dr. Fifield, I punctured the abscess, through the rectum, with the largest needle of Dieulafoy's aspirator, and drew off one and three-quarters pints of fetid pus, the last ounce of which was somewhat mixed with blood, indicating the thorough evacuation of the cavity; from this time the patient made a speedy recovery, and was discharged in two weeks. The point of special interest to me in this case was the fact that not a drop of pus was discharged after the first evacuation of the abscess. The immediate closing and healing of so large a cavity was unexpected.

Successful Treatment of Enlarged Prostate.

In the *Proceedings* of the Medical Society of Delaware, Dr. G. W. Marshall gives these suggestive cases:—

John M——, aged seventy-eight, farmer, sent for me February 2d, 1878, and I found him with all the characteristic symptoms of idiopathic prostatitis, with retention of urine, and enlargement of the right lobe of the gland. I used the catheter and gave an anodyne to allay any nervous irritability which might be caused by the introduction of the instrument; also compound cathartic pills to unload the bowels, with a fever mixture of aconite, antimony and morphia every three hours, together with iodide of potassa and fluid extract ergot three times daily. I had to continue the use of the catheter for over three weeks, when I dismissed the case as cured, but still continued the iodide and ergot for a week longer. There was no recurrence of the trouble, although the man died of apoplexy eleven months afterward.

John H. P——, aged sixty-seven, retired farmer, was taken with characteristic symptoms of idiopathic prostatitis, with the right lobe as large as a walnut. The catheter was used daily, the bowels unloaded with a clyster of castor oil, and enema of starch and laudanum pro re nata, to allay the excessive pain, and iodide of potassa and fluid extract ergot every four hours. On the tenth day the case was dismissed, as the patient was able to empty his bladder himself, without any pain or any other unpleasant symptoms.

James F——, colored, aged sixty, farm laborer, consulted me after having been under the care of other physicians for some time. I treated him for vesical catarrh, but without success. One evening, he being in so much pain, I used the catheter and found the left lobe of the gland enlarged. I immediately had recourse to anodyne enemas and the iodide and ergot, as in the preceding cases, and in one week's time he reported to me as feeling as well as ever, and having to rise but once during the night to micturate.

I believe the *rationale* of the treatment to be, viz: The iodide as an alterative and absorbent, and the ergot to contract the afferent vessels and renal artery and diminish the amount of urine secreted (thus mitigating a painful obstacle at the outset) and also to contract the unstriped muscular tissue of the prostate gland. And lastly, to diminish the amount of enlargement by partially closing the arterioles of the gland.

The Cheyne-Stokes Respiration.

A paper on this subject, by Dr. Edes, is mentioned in the Boston *Medical and Surgical Journal*:—

The phenomenon in question consists in a rhythmical change in the vigor and depth of the respirations, somewhat as follows: Beginning with a period at which the respiration is of exaggerated intensity, sometimes being even *dyspnée*, the depth of the respirations becomes gradually less and less, until they are nearly, and then quite, imperceptible to ordinary observation and to auscultation. No cyanosis or indication of distress, or *besoin de respirer* is, however, to be noticed. After a duration of some seconds a just perceptible respiratory movement is to be seen, succeeded by a more ample one, and so on until the maximum of activity is reached, which may be either a full, ordinary respiration, or one sufficiently labored to be termed *dyspnée*. In many cases movements of various muscles, more or less voluntary, have been observed; among others, dilatation of the pupils, general movements of the body, turning over, or twitching of the limbs are not uncommon, occurring at the end of the apnœa, or with the shallow respirations which first succeed it. This form of respiration should not be confounded with that due to the falling backward of the tongue or to a paralytic condition of the glottis. It is evident that the phenomena of Cheyne-Stokes respiration are

due to a lack of irritability of the nervous centres in the medulla oblongata, so that they fail to respond to their usual stimulus, namely, an excess of carbolic acid. The phenomenon has probably less value as an element in diagnosis than was at first supposed. It was thought by Stokes to be associated with fatty degeneration of the heart, but has now been seen in connection with other diseases of the heart, brain and kidneys. The paper closed with a report of five cases of Cheyne-Stokes respiration, four of which occurred in members of the same family, namely, father, mother, and two sons.

Effects of the Plaster Jacket on the Spinal Muscles.

In connection with Dr. Banning's views, published in the REPORTER, we take the following, by B. Roth, F.R.C.S., in the *British Medical Journal*, December, 1879. He says:—

Sufficient attention has not been directed to the effects produced on the nutrition of the spinal muscles by the application of Sayre's plaster jacket, in slight and moderate cases of lateral curvature of the spine. As far as I know, Mr. Golding-Bird is the first surgeon who has pointed out (*British Medical Journal*, October 11, 1879) that "the dorsal muscles invariably waste from want of use, under the jacket." I cannot understand how this important fact can have been overlooked so long. It is well known that a limb kept immovably fixed in a splint for six *weeks* or longer will show, at the end of that period, a decided amount of wasting of its muscles, from want of use. How much greater must be the wasting in the erector spinal and other dorsal muscles when a Sayre's jacket has been worn for six *months* or longer! Mr. Golding-Bird goes on to say that in lateral curvature "the muscles are called upon the moment the jacket comes off; so that, if they are wasted, the patient will be often utterly unable to keep himself erect on the removal of the jacket till his muscles are *again* in working order." I maintain that the dorsal muscles were not "in working order," before the plaster jacket was put on. Muscular weakness is a potent, if not the chief, cause in the production of lateral curvature. Now, would it not be more in accordance with common sense to strengthen these weak muscles in cases of slight or moderate lateral curvature, than to apply Sayre's bandage, under which they "invariably waste," as Mr. Golding-Bird admits? In severe cases of lateral curvature and in Pott's disease (caries) of the spine, the plaster jacket is the only possible and the best treatment, because, whether the muscles continue to waste or not is of little or no importance here.

Dr. Sayre advises daily extension of the patient, and Mr. Golding-Bird appears to consider this an efficient means for exercising the spinal muscles. I do not think this can be at all proved. I have now a young lady, aged nineteen, under treatment, who was treated for more than a year by daily suspension, in addition to wearing a Sayre's jacket for some months, for very slight lateral curvature. This treatment had been discontinued some months before I was consulted, on account of her head "poking" as much or more than before. In this case the cervical muscles were evidently not strengthened by the daily suspension, although they were necessarily more stretched than the muscles of the dorsal or lumbar regions of the spine.

Mr. Golding-Bird writes that cases of upper dorsal lateral curvature "must have a jury mast." Now, as a large proportion of slight cases of lateral curvature present this deformity, these patients would have to submit to the great discomfort of wearing the head piece, and this, probably, for an indefinite period, as this extension does not strengthen the muscles, as I have tried to explain above. A much simpler method for correcting the deformity of (upper) dorsal lateral curvature it to direct the patient to stretch the arm corresponding to the concavity of the curvature upward by the side of the head, and to make himself as tall as possible. This position will be found to improve, or even to quite restore the normal outline of the spine in slight cases. This voluntary effort is surely a better means for strengthening the weak muscles than any amount of passive extension by hanging. Besides this posture, frequently repeated, other means should be employed for strengthening the muscles, as by voluntary contraction against resistance (medical gymnastics, *Heilgymnastik*), by methodical rubbing and faradization.

Effects of Local Irritation on Pain.

At the meeting of the Académie de Médecine, on the 4th inst. (*Bulletin*, No. 44), Dr. Dumontpallier read a memoir on "Local Therapeutical Analgesia induced by the Irritation of the Similar Region on the Opposite Side of the Body."

From this communication it results that pain seated at one point of the body yields to an injection of simple water (which, as is known, produces local irritation) at a similar point on the opposite side. In neuralgias of different seat and nature, in acute articular rheumatism, and in rheumatic or toxical neuralgia, I have requested patients to mark with the finger the painful points, and that being done, I have sought out similar points on the opposite side of the body, and at these latter points, for the most part not painful, I have practiced injections of water or simple punctures. As soon as irritation has been produced on the sound side the patients have acknowledged a diminution, and often a complete cessation of the pain on the bad side, and that, I repeat, in cases of rheumatic arthritis. I have chosen this last example as a demonstration, as one could scarcely, in such a case, be deceived by patients. The joint may be red, swollen, hot and painful to the touch or the slightest movement, but immediately that the little operation is terminated the patients find that the pain diminishes or disappears, and that they can perform flexion or extension of the joint; the swelling preventing much motion, but the pain is gone."

The following are the conclusions arrived at:—

"1. Every subcutaneous medicinal injection is a complex operation, in which a part must be assigned to the medicinal substance and a part to the irritation produced. 2. The local irritation is transmitted from the periphery to the sensitive centres, and there determines a modification, the consequence of which is a diminution or cessa-

tion of the peripheric pain. 3. The real, anatomical seat of certain peripheric pains should then be in the sensitive centres—an assertion which seems demonstrated by the crossed action of induced peripheric irritation. 4. Irritation induced *loco dolenti*, or in the vicinity of the painful point, assuages or causes the cessation of pain; and when the irritation is induced at symmetrical points on the opposite side of the body, it proves often sufficient to cause a complete and durable cessation of pain."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*New Preparations*, published by Geo. S. Davis, of Detroit, begins the year under the title of *The Therapeutical Gazette*.

——In a reprint of twelve pages, Dr. E. T. Bruen, of this city, describes several cases, illustrating the fact that anasarca is often a symptom of deficient vaso-motor tonus.

——An excellent oration on alcoholic drinks, as diet, as medicines and as poisons, delivered by Dr. Alfred Carpenter, in 1878, has been reprinted. His opinions would limit the use of such dangerous beverages to the positive demands of disease.

——The leading article in *The Penn Monthly*, for January, is by Dr. Isaac Ray, "On the Isolation of Persons in Hospitals for the Insane." Dr. Ray holds, with strong expression, that the certificates of two physicians should be sufficient justification for the committal of persons to an insane asylum, without further process of appeal or trial, and he accepts the existing law as only the best thing under the circumstances.

——A monthly journal, to be entitled *The Clinical Record*, has been commenced, under the editorship of Drs. Dunglison and Woodbury, of this city. Its object is more particularly for the purpose of conveying to those interested the most reliable intelligence of current affairs at Jefferson Medical College, and of furnishing a means of intercourse between graduates of the school. Published by Claxton, Remsen & Haffelfinger.

——Dr. C. H. Hughes, of St. Louis, has added some further observations on the diagnostic significance of absent patellar tendon reflex. His conclusions are that while absent patellar tendon reflex is often of significance as an associated symptom of present locomotor ataxia, and may even serve, when unassociated, to excite suspicion of its approach, we are not justified in regarding it, when it is the only phenomenon observable, as a certain *sign*; or when it is absent and the other symptoms are present, in excluding a diagnosis of posterior sclerosis.

BOOK NOTICES.

The Theory and Practice of Medicine. By Frederick T. Roberts, M.D., etc. With illustrations. Third American, from the fourth London edition. Philadelphia, Lindsay & Blakiston, pp. 528.

Dr. Roberts' *Practice* has achieved considerable popularity, through the clear arrangement which he adopts, and the direct style in which he presents the subjects he handles. The plan he follows is that of the official Nosology, dividing diseases into General and Local Diseases. Probably as little can be said against this classification as against any; at least, it has stood the test of use very well.

The present edition has, the author states, undergone a thorough revision, especially the chapters relating to the absorbent system and the nervous system. We have, on previous occasions, explained the details of Dr. Roberts' plans. He is, perhaps, less full and clear in therapeutic directions than most would like; and he does not, it appears to us, do quite as much justice to American writers as he should; but in both these respects he resembles several other leading English writers on Practice.

The work is well printed, and the illustrations, though not numerous, are well executed and printed.

A Manual of the Practice of Surgery. By W. Fairlie Clarke, M.D., Oxon., etc. Third edition. New York, G. P. Putman's Sons. 12mo., cloth, pp. 443. Price $2.50.

This is one of those convenient little epitomes, small enough almost to carry in the pocket, which are popular among English students, and are, indeed, models of careful condensation from the larger text books. We are obliged to say of this one, however, that the author does not always present the most accepted views of his subject. His article on gunshot wounds gives the teachings of a quarter of a century ago, and is very far from representing that of to-day. The presentation of the antiseptic method (pp. 15, 16) is very inadequate, in view of its importance. The subject of splints is treated very superficially; and in several other sections we have noted a deficiency of statement which is to be regretted.

Quite a number of small illustrations, generally well printed, are scattered through the book, and its manufacture is very fair.

THE

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D. G. BRINTON, M.D., EDITOR.

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BEERS AND ALES, CONSIDERED MEDICALLY.

The enormous and increasing consumption of what is known as "lager beer" in this country should attract the attention both of sanitarians and sociologists. Whether, as some claim, this must be hailed as an indication of improved drinking habits in the people, by the substitution of a light alcoholic drink in the place of distilled spirits; or whether, as another party maintains, it really indicates more widespread alcoholic indulgence, and offers but another step to make easy the *descensus Averni*, is matter for the sociologist to study. The qualities of the beverage and its effects on the constitution belong to medicine.

In England what Americans call ale is known as beer; and the total consumption is estimated at 150 quarts per year per head of adult population! But this enormous quantity is distanced by Belgium, whose natives swallow an abominable sour stuff called *faro*, a beer fermented till the acetous elements are developed, to the extent of about 160 quarts per head; and is altogether left out of sight by Bavaria, the Paradise of beer swilling, whose inhabitants guzzle at the rate of nearly 300 quarts (to be accurate, 289 liters) per adult per year! The total annual production in the United States is estimated at over (300,000,000) three hundred million gallons annually, an enormous increase within the last twenty years. This includes what are termed ales, porter and brown stout, as well as beer. The price at wholesale is from five to eight dollars a barrel.

Theoretically, these beverages are produced from barley malt, hops and pure water, and nothing else. From two to three bushels of malt and as many pounds of hops are allowed to a barrel, and the liquor should have five to eight per cent. of alcohol, according to age. And when made in this way, carefully fermented and properly kept, such a beverage would be as unobjectionable as any that could be named holding alcohol as a constituent.

In point of fact, however, very little such malt liquor is to be had. There are chemical manufacturers in this country whose principal business consists in supplying artificial substitutes for the genuine components of these drinks, and also means of correcting, adulterating, coloring and re-making, as it were, spoiled and fraudulent articles.

It is well known that the principal use of *glycerine* is now by the breweries. It is added to impart smoothness to the fluid, to give it a fine froth or "bead" when drawn, and to conceal the taste of certain adulterants. Instead of hops, what is known to the trade as "hop substitute" is used, which is a bitter vegetable bark, finely chopped, and often combined with aloes. Picrotoxin and strychnia are probably never employed. To give a crisp, dry flavor, esteemed by some, tannate of sodium is added; to impart a bright brown hue, preparations said to be made from burnt sugar are sold; liquid isinglass, to add the esteemed "creaminess;" and so on. Then there are various materials to bring up a spoiled brewing to the proper marketable character—bisulphite of sodium, "ale finings," "porterine,"

etc., the results of applied chemistry in this questionable department of science.

Whether the consumption of such stuff is likely to benefit the drinker, especially when taken in large quantities for a length of time, is open to serious doubt. It has been said by European observers that chronic alcoholism from beer is one of the most hopeless forms; that the mental faculties are debilitated and the reaction of the system slight. It would be well for surgeons in our large municipal hospitals to examine into the relative power of endurance of beer drinkers and others.

We have seen no analysis of American beers; they have been exempt from such inquiries. We add, therefore, the plan pursued by Dr. Enders, a German chemist. He mixes one liter of beer, in an evaporating dish, with ten grams of fine granular animal charcoal, evaporates the mixture to dryness on a water bath, stirring occasionally, treats the residue, after cooling, with cold water, until the filtrate passes colorless, and then extracts the charcoal with hot alcohol, which dissolves all bitter principles and alkaloids; these may afterward be readily determined by their respective tests. The charcoal contains, besides the bitter principles, only a little coloring matter.

One thing is clear; that physicians who recommend beer or ale to patients should make themselves sure that they are not thereby leading them to the consumption of stuff more perilous than the diseases the stimulant is intended to combat.

Notes and Comments.

Therapeutical Notes.

CURE OF GLEET.

In his late monograph on gleet, Dr. J. C. O. Will, of London, recommends, as the best and safest of all remedies for the cure of gleet, "the passage once or twice a week of a cold, well-oiled metallic bougie, combined with the internal use of cantharides or ergot."

CHLORAL IN DIPHTHERIA.

℞. Chloral hydratis, ʒj
Aquæ, ʒj. M.

Use as a gargle every hour or two.

Dr. R. Carney, in the *Canada Lancet*, says this is "a specific in diphtheria;" it has "a wonderful effect, the patches rapidly peeling and the patient promptly improving." It may be applied by a sponge swab in infants.

SULPHATE OF ZINC IN ANÆMIA.

Dr. Fenwick notes that in anæmia, coexistent as it often is with cardiac hypertrophy, iron is objectionable, and may be advantageously discarded for zinc sulphate, as in the following formula:—

℞. Zinci sulphatis,
Extr. gentianæ, āā gr.ij
Pill. rhei. comp., gr.j.

For one pill, twice or thrice daily.

CHALK PIGMENT.

For burns, scalds, and in erysipelas, the following is quite popular in the London hospitals:—

℞. Cretæ preparatæ, ℥v
Olei olivæ, ʒj
Acidi acetici diluti, ♏x.

Mix well, and paint on with a camel's hair brush. (W. F. Clarke.)

ANTI-ODONTALGIC.

The following is sent us by Dr. J. Pirnat, of Indiana:—

"The following toothache panacea I have used for the last ten years, viz.:—

℞. Chloral hydratis,
Gum. camphoræ, āā ʒj
Olei caryophylli, gtts.xx.

Sig.—Saturate a small piece of cotton and plug the cavity with it."

Bills Rendered.

In the numbers for this week and next week we forward bills to all those subscribers from whom we have not heard previous to the 28th of January. The attention of those whom it concerns is respectfully asked to these reminders. They will oblige the management of the journal greatly by sending the amounts promptly, either by postal order, registered letter, or draft, directly to the editor. When these facilities are not convenient, the money may be placed in a letter, in the presence of the postmaster, and sent at our risk, as we once before explained.

The increased cost of paper, type, and all printing material, has largely added to the expense of journalism, and we trust that subscribers will relieve us somewhat by punctuality in attending to the bills when we present them. It is needless to add that any error in them, if such occurs, will be most cheerfully corrected.

Diphtheritis and Tracheotomy.

From Dr. Settegast's report of the Surgical Station in the Hospital "Bethanien," at Berlin, for 1873–1876 inclusive, we take the following statistics:—

During the period of 1873–76, inclusive, 568 cases of diphtheritis (274 males and 294 females; 87 adults and 481 children) were treated in Bethanien. 242 (107 males and 135 females) of these, or 42.60 per cent. (85 per cent. of the adults and 34.92 per cent. of the children) recovered. Tracheotomy was performed on six of the adults, of whom two recovered; it was performed on 375, or 78 per cent. of the children (81.60 per cent. males and 74.03 per cent. females) of whom about 32 per cent. recovered. These figures represent the average percentage of recoveries after tracheotomy in Bethanien, as of the 754 children which were operated on during 1861–76 likewise 31.16 per cent. recovered. Single years give, however, different results; thus we find that while in 1866 the recoveries amounted to 48.14 per cent., in 1868 they were as low as 20.3 per cent. 106 of the children were not operated on, viz: (1) Those with light tonsillar diphtheritis, (2) those who entered the hospital in a moribund state, (3) feeble children under two and a half years, and (4) those who showed a high degree of infection, but no laryngeal stenosis. Of these 49, or 46.29 per cent., recovered. In children under two years of age the mortality was 100 per cent.; between two and three years, 23.65 per cent. recovered; from three to nine the number of those who recovered gradually rose to 45 per cent.; the percentage of those between seven and eight, however, being only 28.86. Above nine years of age the proportion of the recoveries was less favorable. A large number of the cases were complicated with scarlatina and albuminuria, seldom with measles; but when the latter occurred as a complication the prognosis was unfavorable.

The Treatment of Puerperal Fever by Intra-uterine Injections of Disinfectants.

Dr. Franz Linser, of Aalen states, in *Med. Corresp. Blatt des Würtemb. Aerztlichen Vereins*, No. 25 1879, that having, during a recent epidemic of puerperal fever, had the opportunity of testing the comparative value of different therapeutical measures, he has become satisfied that the disease is purely surgical, and that no other treatment is followed by such universally favorable results as the frequent and thorough cleansing of the uterine cavity and vaginal canal, with disinfectant solutions injected by means of an irrigator and a metallic catheter. In the early stage of the disease the effect is usually so rapid that the temperature has been observed to fall from 40–41.5° (104–106¾° Fahr.) to 37–38° (98⅗°–100⅖° Fahr.), in from six to twelve hours and after three or four injections. He does not remove the catheter between each injection, but simply disconnects it from the irrigator and fastens it to the upper portion of one of the thighs by means of a piece of tape. Should the presence of the catheter produce pain, it must be removed; and in introducing it great care should be taken not to wound the inflamed lining of the uterine cavity. For the first three or four injections he makes use of a two per cent. solution of carbolic acid, after which he uses thymol; salicylic acid, which he made use of for some time, he found to produce roughness of the mucous membrane, and permanganate of potassa he does not use, on account of its staining properties. He points out the importance of retaining the injection for a few seconds, by closing the genital fissure. The constitutional treatment he limits to general hygiene: cleanliness, pure air, easily digestible and nutritious food, wine, and in some cases quinine or benzoate of soda.

Expert Testimony.

In a recent paper on the notorious Hayden murder trial, Dr. Belefield, of Chicago, says—

"Expert testimony has come to be a byword in attorneys' mouths. This must be elevated, and it rests with the medical fraternity to do this. These quack experts succeed just as charlatans and quack doctors do. In Germany the experts are paid a comfortable living salary, and, of course, all their work and testimony are to the ends of justice."

It is, indeed, a fact that medical experts are too often seen, in the United States, pitted against each other, and prostituting science for money and fame.

Morphia Mania.

At the Berlin Medical Society, Dr. Levinstein read a paper upon this subject, in which he stated that he was enabled to confirm the propositions which he had laid down in his book. With respect to the treatment, he maintains that the proper practice, in general, is to at once leave off the morphia. Yet, in some cases occurring in sensitive persons, it has to be continued in the customary doses for two or three days, and then gradually diminished. A curious fact deducible from the statistics of his cases is that of 110 cases

occurring between the ages of twenty-one and sixty-five, of which number 82 were men, the surprisingly large contingent of 32 were medical men, and 8 medical men's wives. Among the relapses medical men occupied the first place, and after them came apothecaries—facts explicable by the wearing bodily and mental exertion of the medical calling.

Women as Physicians.

In an article in the *International Review*, Dr. Chadwick makes the just observation that the question is no longer, Shall women be allowed to *practice* medicine? They are practicing it, not by ones and twos, but by hundreds; and the only problem now is, Shall we give them opportunities for studying medicine before they avail themselves of the already acquired right of practicing it? It is clearly the interest of the community to give to women the fullest instruction, in accordance with the most improved systems, and under the most eminent teachers; and also that their proficiency should be tested by the most rigid ordeals before they finally receive certificates. By a recognition of these certificates and their comparative values, the community would be able to protect itself from the impositions of ignorant or fraudulent pretenders to medical knowledge.

The Treatment of Diarrhœa by Ice-water Injections.

Dr. C. A. Ewald, of Berlin, states, in a recent monograph, that he has employed this plan of treatment for more than a year, in those forms of diarrhœa, especially of children, which depend on some alteration of the colon. After each stool he injects from 200 to 300 ccm. of cold water, which is caused to run out again by slight pressure on the abdomen; then he injects 50 ccm. to be retained. The effect of this treatment is surprisingly good, and the mothers readily give their consent to it.

The author has only had the opportunity twice to make use of it in treating adults, but in both cases with equally good results. Whether this is due to the removal of irritating substances or to a diminution of peristaltic motion remains as yet unsettled. The author points out its great advantage in army practice—it costs nothing.

Significance of Tension in Abscesses.

In a paper read before the Medico-chirurgical Society of Edinburgh, Dr. A. James believed he had established (1), That while there is a relationship between the tension and the acuteness of the process, the tension varying directly with the acuteness, yet, for various obvious reasons, this relationship is not very well marked; (2) that the tension in small abscesses, etc., is greater than in large ones, though here also the relationship is not well marked; and (3), that there is a more definite connection between the tension and the composition of the fluid. The proportion of the mineral matter remained fairly constant, about seven per cent. Otherwise, the opposite of what they might expect holds; namely, that high tensions are associated with thick pus. The converse of this, too, holds, and it is found that a thin fluid is associated with low tension.

Lesions of the Peritoneum in Drunkards.

Professor Lendet, of Rouen, read a paper on this subject, at the recent Montpellier Congress, and arrived at the following conclusions: 1. Persons who abuse alcoholic drinks may become the subjects of ascites, which comes on without marked symptoms and without prior notable derangement of health. 2. Such ascites is susceptible of prolonged arrest, and perhaps even of a definitive cure. 3. The chronic peritonitis of drinkers may come on slowly, without any grave symptom. 4. It seems frequently to be the result of a slow irradiation of lesions of the digestive canal, such as gastric cirrhosis, with or without ulceration, or of enteritis. 5. Chronic peritonitis may induce inflammatory recrudescences of the peritoneum, general or partial effusions, or intra-peritoneal hemorrhage.

Correspondence.

How to Arrange Statistics.

Ed. Med. and Surg. Reporter:—

The following item, which appears in No. 2, (January 11th, 1880) of the Reporter, under the head of "News and Miscellany," I propose to parody, as an indirect suggestion to many of your learned readers, or such as are particularly interested in matters relating to yellow fever. The point shall not be obscure.

THE YELLOW FEVER IN NEW ORLEANS.

"The total number of cases of undoubted yellow fever which occurred in New Orleans in 1879 were 41, all white. The deaths were 19. Dr. Joseph Holt says of its origin: '*There is not the slightest evidence upon which could be founded a suspicion that the infection was brought into this area by importation of any kind; but, on the contrary, the whole weight of testimony is in favor of the opinion that it was* ENGENDERED SPONTANEOUSLY, *from local causes*'" (?) The italics and interrogation point are emphasized by me. The interrogation, however, relates to the sentiment

per se, and not to the sincere intent of the author.

SMALLPOX IN PENSACOLA.

The total number of cases of undoubted smallpox which occurred in Pensacola in 1879 (actually) was 4; the deaths were 0, all white. Dr. —— says of its origin: "There is not the slightest evidence upon which could be founded a suspicion that the infection was brought into this area by importation of any kind; *but the weight of testimony is in favor of the opinion that it was* ENGENDERED SPONTANEOUSLY, *from local causes.*" (?)

SCARLET FEVER IN PENSACOLA.

The total number of cases of undoubted scarlet fever which occurred (actually) in Pensacola in 1877 was three, all white. The deaths were 0. Dr. —— says of its origin: "*There is not the slightest evidence upon which could be founded a suspicion that the infection was brought into this area by importation of any kind; but, on the contrary, the whole weight of testimony is in favor of the opinion that it was* ENGENDERED SPONTANEOUSLY, *from local causes.* (?)

NOTE.—The houses in which the cases of smallpox and scarlet fever occurred in Pensacola were situated in densely populated neighborhoods, and had not been in existence a single decade—were comparatively new; nor had there been one case of either smallpox or scarlet fever in their respective localities within the recollection of the oldest physician, or anybody else. There had not been a single case of smallpox or scarlet fever before the different periods mentioned of their occurrence in Pensacola, in West Florida, for ten years, nor had the subjects been at any time beyond the limits of the district for at least twelve months! ROBT. B. S. HARGIS, M.D.

Pensacola, Fla., Jan. 15th, 1880.

A Fatal Case of Enlarged Tonsils.

ED. MED. AND SURG. REPORTER:—

In reporting the following case I claim no original ideas, but give it for the perusal of the many readers of the REPORTER, with the management which, to my mind, suggests itself in such cases.

On the morning of December 26th I was called to see S. R., a strong, robust man, aged about twenty-one, who was visiting relatives in this place. Two or three weeks previous he could discover a difficulty in swallowing; this continued more or less up to the date of medical aid being sought. Up to this time he had received no treatment. When I first saw him both tonsils were enlarged considerably, with patches of ulceration upon the surfaces. Uvula somewhat elongated, glands of the neck and under angles of the jaws considerably swollen, swallowing more difficult than ever.

At first there was apparently no peculiarity about the case; I have treated a number of cases complaining in a like manner, who made a good recovery. I painted the tonsils and uvula with a mop, with tincture iodine, and had him use a gargle of chlorate of potassium during the day, and one fourth of a grain of morphia every few hours, to induce quietude.

December 27th, 8 A.M. I found him resting better, though complaining yet of his throat a good deal. The gargle and morphia were ordered to be continued, and application of iodine was again had recourse to, as before, with external application also to the lymphatic glands, where swollen. On the evening of the same day, at ten o'clock, I saw him again; the tonsils and uvula seemed to have neither decreased nor increased, although the patches of ulcer were extended to the size of a silver quarter. Here I applied, with a mop, pure acid carbolicum, and had the other treatment go on as usual, with four drachms of sulph. magnesium, to relieve the bowels, which were a little caustic.

I saw him again the next morning, and found him much better than he was the night previous; he had only gargled once since. Finding that another physician had been consulted, I retired, and did not see the case again.

On the evening of January 2d, 1880, the air passages appear to have been completely closed. At this juncture the man thrust his finger into his throat, attempting to open it, but died ere his object could be accomplished.

Remarks.—Should the case have been under my care throughout, and had ordinary therapeutic means failed, I should not have hesitated or considered it at all out of reason to apply the tonsil guillotine, remove a slice from each tonsil and clip the uvula with a pair of curved scissors. After this I should have used a gargle, if necessary, and painted the remaining swollen parts with tincture iodine. Had this regimen been adopted, after primary means failing, and excision had recourse to, and the ordinary means employed in the management of such cases having failed, I say, then, and only then, would I have termed the case incurable.

Franklin, Ky. C. A. BLAIR, M.D.

Diphtheria and its Treatment.

ED. MED. AND SURG. REPORTER:—

The articles in your journal, of Drs. Stewart, Baker, and Cullen, would justify the conclusion that diphtheria was a non-malignant and entirely curable disease. The recent mortuary reports of Pittsburg, Allegheny City, Johnstown and other Western Pennsylvania towns, show a mortality of from 20 to 40 per cent.

In a recent epidemic in this community fully 25 per cent. of all attacked died.

I think the different results attributable, not to treatment, but entirely to the difference in the characteristics and tendencies of the disease in different localities, and in the same locality at different times. In the winter of 1867 and '68 we had an epidemic of sore throat in Fayette County, which could not be classed as anything but diphtheritic. It began with decided chill, high temperature, rapid pulse, loss of appetite, inflammation, and well marked diphtheritic exudation of the fauces. These cases, numbering about 200, under the observation of myself and partner, all recovered in a few days, under the ordinary chlorate potash treatment, evacuants, and astringent gargles.

In the epidemic through which we have just passed the fatal cases were early characterized

by excessive swelling of the throat inside, and of the cervical glands externally, and tumefaction and œdema of the areolar tissue of the neck and even of the scalp, posteriorly, extensive exudation of the membrane covering the fauces and extending forward upon the hard palate and into the posterior nares. The onset in these cases was generally violent, with high temperature, 103 to 104, rapid pulse, 125 to 150, and early signs of exhaustion. In some cases, from apparently mild beginnings, these symptoms in twenty-four hours would be present in all their terror to physician and family, and in spite of all the iron, potash, and quinia that could possibly be kept on the stomach, which, unfortunately, was generally irritable. Nearly every case of this description in my own practice, and in that of my professional brethren in this vicinity, terminated fatally in a period ranging from three to six days, gangrene usually supervening. In those cases in which the internal and external swelling and diphtheritic exudation were well marked but not excessive, a very large proportion recovered.

I am not able from experience to fully endorse Chapman's theory that alcohol acts as an antidote to diphtheritic poison, as it does to the virus of snake bite, but I am sure I had more satisfactory results from the administration of pure whisky and quinia, than from the potash and iron treatment. Paralysis, local and general, has followed in many cases. I think that the patients for whom I prescribed whisky recovered more promptly from this distressing sequela.

Thinking that if alcohol was an antidote to the poison when the disease was developed it would be advisable to keep the system a little saturated with it, in order that the first undeveloped germs of the poison received might be brought in contact with antagonistic elements, I advised families living in infected neighborhoods, and unaffected members of families in which the disease had already appeared, to make use of whisky, in moderate quantities, four times a day, during the prevalence of the epidemic. I had a few mild, but no fatal or malignant cases among the children who had thus been using alcohol as a preventive. The disease has abated here, and my opportunities for the further observation of the value of alcohol as a prophylactic will be limited; but I would like to call the attention of the profession to this point, in places where the disease is still prevailing. The amount of alcohol used was as directed in Flint's Clinical Medicine, viz., to a point short of producing its toxical effects. I gave my own child, three years old, two drachms of pure whisky every hour for thirty hours, with a favorable result. I gave quinia, in two-grain doses, every four hours, to children of ten years, and where the stomach was irritable, ten grains per rectum, as often. Almost every character of local treatment of the throat, externally and internally, was tried, without any satisfactory curative result.

In summing up, it is the result of my observation that in some epidemics of diphtheria the tendency is to recovery, and the patients recover without much regard to the nature of the treatment, while in other epidemics of a more malignant character there are many cases in which the system is so profusely affected by the virus of the disease that they terminate fatally, in spite of the most skillful use of known therapeutic means.

West Newton, Pa. F. H. Patton, M.D.

Free Medical Relief and its Abuses.

Ed. Med. and Surg. Reporter:—

I notice that the *Sunday Dispatch*, in its issue of the 25th inst., has made some strictures on the action of the meeting held on Saturday evening, the 24th inst., at the Hall of the College of Physicians, in this city. This meeting, as mentioned elsewhere, was held for the purpose of taking some action upon the indiscriminate manner in which medical charity is distributed in this city. I have been for some years connected with one of the two prominent dispensaries of this city, and for nearly a year was attached to the eye staff of the Jefferson College Hospital, and thus can be said to speak *ex cathedra*. I have myself frequently seen, at their own homes, from eighteen to twenty dispensary patients, and this not on one day only, but for many weeks at a time; these, of course, were not new cases every day, but would average from one to three or four per day. This takes no account of the districts attended by other physicians of the institution, nor of those who were treated at the dispensary. This experience is probably that of every gentleman who has been attached to a dispensary service. As to who attend these free seances, there are, of course, many worthy poor who reap the benefits of the institutions, but we know that a large proportion are, if we may use the expression, aristocratic paupers. It has been with me no unusual experience to find families applying for assistance every one of whom was earning from three to eight or ten dollars a week.

At our prominent hospitals it is no uncommon sight to see from 20 to 50 well-dressed, comfortably-circumstanced-looking people assembled to partake of the free medical feast, in only one of the five, six or seven departments into which the service is divided. If we inquire as to where these people reside, etc., we find that by far the larger percentage of them live in from fair to good style. For curiosity's sake, I have at times inquired of dispensary cases, "how long have you been coming to this institution?" and have been surprised to receive the answer, five, ten, twelve, and even twenty years. "Have you not, in this time, been able to pay a physician anything?" "Well, I always came here and could get it for nothing;" would be the cheering answer. That a large portion of the blame lays with the profession itself cannot be denied. Dr. Smith, Jones, or Black desires to have his name sent sounding through the land, therefore, he encourages the patients to come to swell the clinic, in order that he may become more known; the consequence is the patients, like sensible people, argue thus: If I or we can get medical attendance, not only free, but thrust upon us, why should we take money from our purse to pay Dr. Somebodyelse? G. T. S.

Philadelphia, January 27.

News and Miscellany.

Medical and General Charities.

A meeting of the representatives of the principal medical and general charities was held in this city last week, to devise means to unite the two in humanitarian work. Prof. Gross presided, and about two hundred physicians and philanthropists were present. It was stated that 200,000 citizens of this city annually receive gratuitous medical aid, one-half of whom are not entitled to it. This statement was questioned by some, and we think justly. At the conclusion Dr. Benjamin Lee presented the following resolutions, embodying the recommendations of the sub-committee:—

Resolved, That efforts should be made to prevent the pauperizing and enervating influences of undue and indiscriminate medical relief.

Resolved, That care should be taken that the funds contributed by the benevolent to our hospitals and dispensaries be bestowed only upon the poor.

Resolved, That the committee be called "The Committee on Coöperation of the Medical Charities with the Ward Associations of the Society for Organizing Charity."

Resolved, That the committee be composed of the medical and surgical staffs of the various hospitals and dispensaries, or representatives from each.

Resolved, That this committee shall call an annual meeting of the profession, at which they shall make a report of what they have accomplished.

Resolved, That measures be taken to arrange the dispensary system so as to cover the whole city, in order to afford relief to the poor in every part at an office near to their homes, and to prevent overlapping in the treatment of cases.

Resolved, That a committee be appointed to carry into effect the plan which has been proposed to-night, or such modification of it as they and the several hospitals and dispensaries may deem advisable.

Resolved, That the officers of this meeting be the corresponding officers of this committee.

Medical Legislation.

Last week the Speaker of the House of Representatives laid before the House a letter from the President of the Academy of Science, transmitting a report relative to the prevention of epidemic diseases. Among the recommendations contained in the latter was one that the Board of Health should continue the special investigation already undertaken, and that in addition, investigations should be undertaken by it upon the subjects of cholera, malaria, typhoid and other fevers, diphtheria and cerebro-spinal meningitis, and that $30,000 should be annually allowed for carrying on such investigations.

—The Russian army, in the late war with Turkey, used 1820 lbs. ipecac., 26,000 lbs. castor oil, 5600 lbs. carbolic acid, 5000 lbs. sulphate of quinine, 3000 lbs. chloroform, 7000 lbs. camphor, etc.

A Correction Asked.

The *Medical Summary*, in quoting Dr. Black's article from the Reporter, April, 1879, neglects to make the correction of one of his statements in regard to Messrs. Parke, Davis & Co's preparation of the bark of the root of the wahoo, given in the May number. We call the editor's attention to this omission, as these manufacturers assured us that they prepare their extract from the bark of the root, and not of the tree.

Honor Your Own Country.

In its issue for January 17th the Cincinnati *Lancet and Clinic* quotes Dr. Henning's article on the appearance of the tongue in disease, and credits it to the London *Medical Record*. As the *Record* took it from the Medical and Surgical Reporter, and gave due credit, and as Dr. Henning is a medical gentleman resident in Indiana, it is neither fair to him nor to this journal that the *Lancet* should omit the reference to the Reporter in its quotation. The article is not a bit the worse for not proceeding from the pen of an Englishman or a German.

Personal.

—Dr. Albert H. Smith was elected President of the Philadelphia County Medical Society, at the election, January 21st.

—By a dispatch from Washington, we learn that Dr. Thomas H. Sherwood has been nominated to the Senate, by the President, as Supervisor of the census for Philadelphia.

—On page 20 of this volume we published a letter from Dr. R. J. Cullen. We should not have done so had we then known Dr. C. is a peripatetic, who distributes handbills and advertises in the public papers.

—Dr. William H. Gregg, chemist, of Elmira, New York, recently announced to the Elmira Academy of Sciences the discovery of a process for producing artificial dies from gum camphor.

—Prof. Erasmus Wilson, the dermatologist, proposes to erect, at his own cost, a swimming bath and chapel at Margate, England, to cost not less than $100,000. It will be remembered that Mr. Wilson presented the Egyptian obelisk to London, a few years ago.

—In the concours for the chair of Gynecology, in the spring course of the Rush Medical College of Chicago, the successful candidate was Dr. R. Stansbury Sutton, of Pittsburgh, Pa. The course will require his presence in Chicago for about six weeks, but he does not contemplate a change of residence.

—Dr. Oliver Hoff, of San Francisco, who died recently, directed in his will that a monument, not to exceed $1000 in cost, should be placed over his grave, and forbade any society of which he was a member, or any friends, to pass resolutions of condolence over his decease, or communicate the fact to his friends in the east.

—Prof. Rudinger, of Munich, made eight longitudinal sections of the frozen human body, and had them copied by competent artists. These sections are so connected together that they can

be opened or closed just like the leaves of a book —the fourteen surfaces when exposed exhibiting, in their natural form and color, all the anatomical details of the various organs. "A most interesting spectacle it was," says the writer, "to have the body in the erect posture before you, and opening or shutting any of these sections. A more complete demonstrative object for clinical instruction cannot be conceived."

Items

—Plaster of Paris is added to wines, says Prof. Pollaci, in the Italian *Chemical Gazette*, to such a degree that *connoisseurs* should be made aware of the fact that under the name of wine they might possibly be drinking a saturated solution of plaster of Paris. This had also a special interest for pharmacists, seeing that it might account for some of the impurities in cream of tartar.

—The Michigan State Board of Health has inaugurated a series of Sanitary Conventions, to be held in the more prominent towns of the State. The object of these meetings may, in general, be said to consist, first, in diffusing sanitary knowledge among the people, and second, in developing thought and action relative to sanitary matters. The means for attaining these ends are, the presentation and discussion of definite topics and the exhibition of sanitary apparatus.

—The warm winter in this section keeps alive the malarial poison. According to the Delaware county *Gazette*, "the prevalence of typho-malarial fever in and around Chester, at the present time and for the past two months, is really alarming. In some parts of the city it has almost reached an epidemic. 50 per cent. of the people living in those localities being affected more or less by the disease. In many cases it has been as severe as typhoid fever, and in fact nearly all the cases had a decidedly typhoid aspect."

—The mortality from diphtheria in Russia is attributed largely to the superstitions of the natives. Russian peasants refuse to accept medical aid of any kind, even when in extremity. To all such offers they reply, with their wonted fatalism, "If we are to die, no medicine can save us; if we are to live, we don't need it." The prolonged fasts of the Greek Church, the practice of baptizing infants in ice-cold water, which it would be thought impious to warm, and of clothing them insufficiently until the age of seven, in compliance with some absurd superstition, yearly causes countless deaths.

OBITUARY NOTICES.

—Dr. E. B. Wolcott, Surgeon General of Wisconsin, and member of the Board of Managers of the National Soldiers' Home, died of pneumonia, at his residence, in Milwaukee, on Jan. 5th, after a few days' illness. He was 75 years of age, and was widely known throughout the Northwest.

—On January 19, Medical Director J. Winthrop Taylor, United States Navy, aged about sixty-four years, died suddenly, in Boston, of heart disease. He was a native of New York, and was appointed to the navy from New Jersey, March 7th, 1838. He received his commission as Surgeon on May 1st, 1852, and as Medical Director on March 3d, 1871. He had seen service at sea in all parts of the world, and recently held for some time the position of Surgeon General and Chief of the Bureau of Medicine and Surgery in the Navy Department.

QUERIES AND REPLIES.

Blistering in Pneumonia.

Dr. G. W. Stewart, of Iowa, replies to Dr. J. W. F., of Texas, on this subject:—

"The only benefit to be derived from blistering in pneumonia is in its action as a derivative, which can be obtained only in the stage of congestion. After hepatization has ensued derivation must cease, and the only effect following vesication can be that resulting from the creation of an additional centre of irritation, increasing the discomfort of the patient, and an obstacle to physical exploration. As the latter stage has usually begun when a patient is first seen, the measure is best not resorted to at all.

Subscriber, Mich., asks: "How many medical colleges are there in Philadelphia, and what are they?"

Ans.—Only three worthy the name, "The Medical Department of the University of Pennsylvania," "The Jefferson Medical College," and "The Woman's Medical College of Pennsylvania."

Purist, N.Y.—In *cinchona* the ch should properly be soft; but custom authorizes the hard sound in many places. *Troches* is pronounced with the ch soft, as it is taken from the French, although the ch is the Greek *Chi*.

J. P., of O.—Both Watson and Wood's *Practice* are quite out of date. They would not be worth your buying.

Surgeon, Iowa.—We can send you the instruments you want. Remit the price and specific directions as to make, etc.

MARRIAGES.

CUSHMAN—POTTER.—On Wednesday, January 14, at Calvary Church, Germantown, Pa., by the Rev. J. DeWolf Perry, Dr. William F. Cushman, of New York, and Mary Elizabeth, daughter of Philip J. Potter, of Germantown.

GAMBLE—McCOY.—At Farmington, Ill., December 31st, by Rev. O. A. Elliott, assisted by Rev. J. R. Reasoner, Dr. M. T. Gamble and Alice McCoy.

PATTERSON—VAN MATER.—At the residence of the bride's mother, Chapel Hill, Monmouth Co., N. J., on December 1st, 1879, by Rev. S. F. Gaskill, Wm. F. Patterson, M.D., of Navesink, N. J., and Miss Mary H. Van Mater.

REBMAN—DETWILER.—At Wrightsville, on Tuesday, January 13th, 1880, at the residence of the bride's parents, by Rev. S. E. Herring, G. A. Rebman, M.D., and Miss Ella K. Detwiler, both of Wrightsville, Pa.

DEATHS.

DOLLAHAN.—In Cincinnati, O., Dr. J. H. Dollahan.

KELLY.—In this city, on the 18th inst., Deborah, wife of Dr. M. D. Kelly, in the 66th year of her age.

TAYLOR.—At his residence, Woodlands, near Burlingtoo, N. J., on First day afternoon, 18th instant, Joseph W. Taylor, M.D., in the 70th year of his age.

VAN PRAAG.—In New York city, suddenly, on Friday evening, the 16th inst., Aaron S. Van Praag, in the 74th year of his age.

THE

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Communications.

VERSION IN CONTRACTED CONJUGATE.

Read before the Northern Medical Society of Philada.

BY E. P. STONE, M.D.,
Of Philadelphia.

For the notes of the following case and for the privilege of reporting it this evening, I am indebted to my friend, Dr. E. E. Montgomery.

Mrs. G., aged 32, moderate height, quite stout and broad across the hips. Has been married twice, having had four children by the first husband and one (the last) by the second. She states that with the first three children labor was tedious, but unattended by any special difficulty, the children having been small; in the fourth the child was somewhat larger, and labor was protracted, and had to be completed by the forceps. Dr. Montgomery was engaged to attend her in the fifth confinement. She did not give any history of former trouble, and her appearance was not such as to lead one to suspect anything abnormal.

Dr. M. was called to attend her on Sunday, October 19th, 1879, at 5 P.M. He found her complaining of severe pains, and learned that labor had begun early in the morning. Upon examination, he found the os pretty well dilated, the bag of membranes protruding, and the head not engaged, but resting upon the pubes. He returned at 7 P.M., to find her condition but little changed. At this examination the finger detected a decided projection from the posterior surface of the pubic symphysis, in a vertical line one-half inch thick; against this the head, which presented in the R. O. P., apparently impinged. The head was not flexed, as was shown by the advanced position of the anterior fontanelle, which was easily touched by the examining finger. Pressure was made on the head above the pubes, without causing it to engage, and a similar course subsequent to the rupture of the membranes was equally futile. He now applied the forceps, Wallace's, to the sides of the pelvis, but strong traction only caused the instrument to slip without advancing the head in the least. An attempt with a new pair belonging to me, also Wallace's pattern, met with no better success. Dr. Chas. Styer and myself were now summoned to Dr. Montgomery's assistance. The patient was fully etherized, and a pair of strongly curved forceps, which, from their shape, are specially adapted to seize the head firmly at the brim, were applied, but traction only caused them to slip as before. A careful exploration with the hand disclosed a projecting promontory, which, with the enlargement on the symphysis pubis, contracted the conjugate to at least three inches. The pelvis laterally seemed capacious enough, and as there was no evidence of fetal death, it was decided to turn, in the hope of thereby saving the child. Dr. Montgomery introduced a hand, grasped a leg and brought it down without much difficulty. The child was promptly turned, as the uterus was not very firmly contracted, but the large body and shoulders caused the arms to ascend, and they were only brought down with great effort. The head presenting laterally at the brim offered the greatest difficulty, and the Doctor's effort, now pretty well exhausted by his exertions, failed to cause it to pass the obstruction. I now took hold, and putting on the neck of the child all the force I was capable of, with the

pump-handle movement described by Goodell, succeeded in accomplishing delivery. The placenta soon followed and the uterus was stimulated to contraction by friction and the hypodermic injection of the fl. ext. of ergot. The whole delivery occupied about fifteen, or at the most, twenty minutes. The fœtus, a female, was dead and quite large, weighing in the neighborhood of ten pounds, the head presenting a bi-parietal diameter of four inches. The skull was apparently not fractured nor much indented, but the mobility of the bones testified to the compression they had undergone. The spine had parted in the upper dorsal region during the traction on the trunk, which was necessary to cause the shoulders to come low enough to reach the arms. The cervical spine was not broken. Excepting some incontinence of urine, due to paralysis of the vesical sphincter, and slight cystitis, lasting a few days, the convalescence was unattended by unfavorable symptoms. This case was deemed important enough to engage your attention this evening, on account of its bearing upon the still vexed question of the propriety of version as an alternative for the forceps and craniotomy.

Before the introduction of the forceps turning was the only operation at command when the efforts of the mother proved unavailing; but the discovery of the Chamberlains began a new era in the obstetric art, and the old operation was almost forgotten, excepting as a remedy for malpresentations, where the forceps were not applicable. Version as an elective operation remained in retirement until Sir James Y. Simpson reintroduced it, and although it has been more than thirty years since this able obstetrician published his arguments in its favor, the operation still remains "sub judice."

Perhaps many of you will remember a very lengthy discussion on this subject before the Philadelphia Obstetric Society, in 1875, which gave room for quotations from a great number of authorities, from worthies with Latin names, who flourished away back in the Fifth century, down to the more ordinary people of the present day, containing, besides personal allusions, sharp retorts, and apparently intentional misrepresentation, which one expects to hear in political speeches, but which are scarcely appropriate in a scientific discussion.

In order to bring the subject of version as a substitute for the forceps and craniotomy fairly before the Society, you will pardon me if I go over as briefly as possible some of the arguments pro and con, and in so doing I will take the liberty of using the writings of Simpson, the articles of Dr. Goodell, and the rebutting testimony of his chief opponent in the discussion already mentioned, Dr. Elwood Wilson.

The controversy between the advocates of forceps and craniotomy on the one hand, and of version on the other, may be narrowed down to those cases of deformity of the superior strait such as related above, where the head presents as detained at the brim. No one would attempt the dangerous and often impossible operation of pushing back a head already fixed in the excavation, in order to reach a foot for the purpose of turning. So, too, we will exclude unnatural presentations, such as those of the shoulder, and accidents like prolapse of the cord, whose very nature precludes an application of the forceps. Here version is not an elective operation, but a necessity. Now, if we bear in mind that even in the most perfect pelvis the promontory of the sacrum forms a projecting point which breaks the regular oval of the inlet of the pelvis, and if we recall the manner in which the lumbar vertebræ are united to the sacrum, we will readily understand how the weight of the body acting on softened bones will push this dangerous point still further toward the pubes, and badly damage the pelvis in its most important, because shortest, diameter. Thus we find a narrow conjugate the most common deformity, and hence the debatable ground contested by the advocates of version and the forceps is very extensive, and has to do with most cases of contracted pelvis.

1. The advocates of version advise that in pelves moderately contracted in the conjugate turning should be practiced after a fair but unsuccessful trial with the forceps, before the child's life and the mother's safety are compromised by the prolonged labor and traction, in the hopes of extracting a living child. Thus making version an alternative for craniotomy.

2. In pelves whose conjugate is badly damaged (2.75 to 3.25 Goodell), version should be preferred at once, without a trial of the forceps, providing there is space enough laterally, a sine qua non in version. If the pelvis is uniformly contracted at the superior strait, forceps should be preferred.

Let us look now at some of the arguments put forth in favor of the above, and how they are met by the other side. The first and second propositions have to do with the shape of the fetal cranium, and contrast the mechanism in head first and head last when the conjugate is deformed.

1. When the head presents, it is more or less

transverse and does not tend to flex, remaining in a transverse position with the anterior fontanelle in easy reach of the finger, a proof that the head is not thoroughly flexed. Because the bi-parietal diameter is greater than the narrow conjugate, the uterine efforts only tend to flatten out the vault of the cranium and increase the difficulty. If, now, the forceps are applied, they either catch the head in the occipito-frontal diameter, when applied to the sides of the pelvis (remember the head is transverse), or in the fronto-mastoid diameter when put on obliquely. In either case the compression necessary for strong traction acts in the wrong direction, even increasing the offending diameter, and traction, as before, tends to flatten out the vault of the cranium. I say "tends to flatten out" advisedly, for the advocates of version by no means call in question the well-observed fact that not only the forceps but the unaided efforts have, in some cases, caused delivery through very small pelves; but they maintain that both often fail, and they propose, as they think, a better plan. This proposition, as it questions the utility of the forceps, at once calls to arms the many able advocates of that instrument. The latter, while they admit that the head is usually more or less transverse, state that it does flex ultimately under the uterine efforts, or can be made to do so by the forceps. The objection of the necessarily faulty application of the forceps at the superior strait with the head transverse, is met in two ways. It is denied by a few, who maintain that the forceps should always be applied to the sides of the head, thus making compression in the diameter which most needs to be lessened. If this can be done in the cases in question, it is certainly a strong argument for the forceps. But the vast majority of even the warmest partisans for that instrument, and the most bitter opponents of version, deny that it is possible to so apply them. Among these I will only cite the names of Meigs and Hodge, who are certainly high authority, and have influenced, in a great degree, the practice of this country. It is not for me to question the veracity of those who positively declare that they are in the habit of putting on the forceps to the sides of the head, with the latter transverse and above the superior strait in a deformed pelvis, but for myself, not being a "master with the forceps," I will continue to be well satisfied with the pelvic application, excepting where the head is low enough in the pelvis to make the cephalic application easy. By far the more common argument is to admit that the forceps cannot be applied to the sides of the head, but, at best, must seize it obliquely. That the instrument makes the traction while the pelvis moulds the head. The advocates for the forceps point to the cases of unaided delivery, and delivery with the forceps through very flat pelves, but these cases are few, and are evidently recorded as remarkable and unusual, and, as Dr. Goodell has pointed out, do not prove much in the absence of statistics of the failure of forceps and resulting craniotomy.

2. Simpson was the first to liken the fetal cranium to a cone with its apex the bi-mastoid or bi-temporal diameter, and the base the bi-parietal. He contended that version caused the apex of this cone or wedge, which is from a half to three-quarters of an inch less than the base, the bi-parietal diameter, to enter the narrow conjugate first, and by traction the projecting promontory caused compression of the sides of the head to an extent sufficient to allow delivery to take place. I think that we can admit the truth of this explanation of the mechanism, as I can find no sufficient reason for doubting it, and the vertical depression on the cranium frequently noticed marks, without doubt, the track of the promontory. This admission need not, however, prevent us from believing, with the advocates of the forceps, that the compression is just as efficient, or more so, with that instrument, because the vault of the cranium is more compressible than the base, and, as has been stated, they deny that the head is flattened out instead of moulded, in head first.

3. It frequently occurs that the promontory of the sacrum projects more to one side than the other, thus making the sides of the pelvis unequal. If the vertex is toward the small side it is claimed that version can be made to bring the large end of the head in relation with the roomy side, an advantage which cannot be gained in any other way. Some of those who generally prefer the forceps concede the advantage of version in this particular case. Others believe that the difficulties, especially from the contracted pelvis, will prevent, in many cases, this nice adjustment of parts. Other objections, not exclusively belonging to this proposition, will be mentioned in their proper place.

The following propositions relate especially to the child:—

4. The bilateral pressure gained by version is less dangerous to the child than the oblique or longitudinal pressure of the forceps, because it is not long continued, and because the anatomy of the brain (from arrangement of face and sinuses, Simpson) admits of greater pressure laterally without serious harm. There are recorded several

cases of living children born with deep impressions in the skull, from forcible delivery by version. But the oblique application of the forceps, it is claimed, often causes mortal injury to the brain, or the mastoid blade may fatally pinch the cord around the neck. This last accident occurred to me in the case of a primiparous woman, where the forceps were used at the superior strait, the child being very large and the pelvis of but ordinary capacity. In reply to this, the advocates of the forceps deny that the instrument is prejudicial to the child, and in the absence of sufficient statistics, this point must remain unsettled. The statistics of Simpson, which go to prove that in his day turning was less fatal to the child than even delivery by forceps, cannot, I think, be accepted in the present improved practice with that instrument. In the cases which he gives us the forceps were not commonly applied until much valuable time had been lost in allowing the labor to go on unaided. It is well known that both fetal and maternal mortality are inseparable from duration of labor, and the forceps must not be charged with causing death which was due to inaction and delay.

5. The child's neck will safely bear strong traction. In spite of theoretical and sentimental objections, this must be conceded. Actual experience has proved that the neck will bear with safety a traction force of at least a hundred pounds, if it is not twisted. If to this is added propulsion by the hand of an assistant, from above the pubes, great force is brought to bear. The time-honored dictum, "not to pull on the body for fear of parting it from the head," I believe caused me to lose my first case of breech presentation, for while, with the nervousness of a novice, I was attempting to adjust the forceps in the body of a woman tossing over the bed in an agony of pain, I had the mortification to see the child, with only the head unborn, die before my eyes, when a properly directed pull would most likely have ended the difficulty. In a very limited experience I have three times exerted strong traction on the after-coming head without injury to the neck.

6. The objection to turning on account of danger to the child which carries most weight with it, is the great risk of death from interference with the placental circulation. Undoubtedly the mortality in head-last labors is high. This is due, as you all know, to compression of the cord, and especially to the fact that the uterus is emptied and the function of the placenta cut off before the head is born. The advocates of version believe that the projecting promontory serves to protect the cord, by preventing the head from coming into contact with the brim, and they teach that the cord should be made to occupy the side through which the face is to pass, because the face is smaller and less liable to pinch it than the more voluminous vertex. Nothing but a speedy delivery will remedy the cutting off of the placenta by the contracting and empty uterus.

Now let us look at some of the arguments which refer to the mother.

7. It is claimed that version after the escape of the waters is dangerous to the mother, leading to rupture of the uterus, metritis, etc., and the high maternal mortality is pointed out as evidence of this. But the mortality after version often really belongs to the complication for which the operation was done, so that after excluding cases complicated by placenta prævia, hemorrhage, convulsions, etc., the great danger is not by any means proved, provided that the operation is undertaken early, and in a uterus which is not very strongly contracted, and under the full effects of anæsthesia.

8. The advocates of version claim that the transient pressure in the delivery by that operation lessens the risk of sloughing and other injury to the mother from long impaction of the head, and by lessening the duration of the labor it reduces maternal mortality. It is a fact that a mere length of labor has an important bearing on the mortality, especially of hospitals, and it is also conceded, I think, that sloughing and injury to the soft parts usually result from prolonged impaction of the head.

9. On the other hand, those opposed to version maintain that the rapid delivery is liable to lacerate the cervix, vagina and perineum, and the sudden emptying of the womb predisposes to flooding. These very plausible but theoretical objections must also be put down "not proven."

10. Many have been deterred from attempting version, fearing that in case of failure craniotomy would be very difficult. But those who are familiar with the operation under these circumstances state that if the base can be made to engage, and, with the lower pelvis roomy, craniotomy offers no special difficulties.

The limits of such a paper as this have prevented me from doing more than simply to indicate the points on which authorities differ; but I do not so much regret coming before you in this sketchy way, because the utility of version as an elective operation is not at all settled. On such a question as this experience is the only arbitrator, and individual opinion, no matter how respectable, if it is not backed by clinical statis-

tics, amounts to very little. Dr. Goodell, in defending his clinical memoir, claims that the objections against version do not apply in their full force to the operation advised by him, because he brings forward a new and improved method of making traction to deliver the head. As far as I know, his claim is well taken, but if it were not, he who shows us how to use the instruments we already have is as great a discoverer as he who invents new ones, and Dr. Goodell deserves our thanks for giving us clear and explicit directions for an emergency which requires prompt and efficient action.

Let us see what are Dr. Goodell's directions for making traction. I quote from his "Clinical Memoir on Turning in Pelves Narrowed in the Conjugate Diameter."

"In a brim narrowed in its conjugate, the sacral side of the after-coming head is bent in and fixed by the jutting promontory. Hence, as Barnes has shown, the extrication of the head, as a whole, can take place only when its pubic side revolves around the promontory and descends over the smooth under surface of the symphysis of the pubes; in other words, the head must be warped around the promontory. Bearing this fact in mind, it is important, after version, that the sacral side of the head should be caught at a point as near as possible to the vault. To gain this end, the physician, after grasping the nape of the neck with one hand, and the ankles with the other, should make his first movement of traction in the axis of the outlet. For then the pubic side of the head will be tilted away from the inlet, while the sacral side will proportionally descend over the promontory and affront the brim. This canting of the head can be very materially aided by the free hands of the assistants, who will make very firm downward and backward pressure upon the vault of the head through the now flaccid abdominal walls. By these manœuvres the sharp promontory is made to indent the sacral side of the head at a point still higher up and nearer to the vault. Hence, the arm of the lever, measured by a line drawn from the base of the skull to this fixed point, will be correspondingly lengthened—a mechanical advantage not to be overlooked. If now, *without for a moment remitting, but rather increasing, the traction*, its direction be reversed, and the child's body swept backward over the coccyx, the neck being also forced downward and backward into the hollow of the sacrum with all one's power—the sacral side of the head becomes bent in, and the pubic side is made to revolve around the promontory and descend with the least expenditure of force. Apart from the leverage thus gained, and the shorter arc thus described around the promontory as the centre of motion, I am not sure but this manœuvre will, in very narrow pelves, so cant the cranial base as to get it below the sharp edge of the promontory. This much I can affirm: That by this method less power is needed to deliver average heads in narrow pelves than large heads in average pelves. For in the former the resistance is limited to a single osseous point; in the latter diffused over the whole bony brim.

"Whenever this mode of traction fails at once to release the head from the grip of the brim, or the difficulty lies rather in the size of the head than in the narrowness of the pelvis, I have on several occasions, especially in original head-last labors, found a pump-handle movement very efficient. Made with steady and unremitting traction, and aided by supra-pubic propulsion, it will cause each side of the wedge-shaped head to descend alternately. The range of oscillation should extend from the axis of the outlet anteriorly to very firm pressure on the coccyx posteriorly.

"As soon as the unflexed head has passed the brim, which it usually does with a well marked jerk, it is brought into relation with new pelvic diameters. Flexion and rotation now spontaneously take place, and the line of traction must be changed to that of the outlet. And when, finally, the head is about to clear the bony canal, the body of the child should be raised up in front of the pubes and traction made in a line at right angles to the mother's body." Pages 71 and 72.

I have made this rather lengthy quotation, at the risk of being tedious, because it is all important that we should have clear ideas of what we intend to do before we attempt such a grave operation, and I have, therefore, given you Dr. Goodell's words without attempting to condense them.

In conclusion, I will express the modest opinion that whatever may be our estimate of the value of the forceps, the obstetrician who has due regard for the life of the fœtus should attempt the operation of version if the condition is such as to warrant a trial, before resorting to the bloody and revolting operation of craniotomy. We may hope that we will have the good fortune to escape such trying cases, but we know not at what moment we may be brought face to face with them, and it therefore behooves us to be prepared and ready with a line of action which offers the best chance of safety to those entrusted to our care.

PUERPERAL FEVER WITH PERI-UTERINE CELLULITIS.

BY FRED. HOARER, JR., M.D.,
Of Salem, Va.

Fever is defined to be general disturbance of the organic, nervous and circulatory systems, whether caused by inflammation, cryptogamic or septic poisoning, affecting special organs, as the womb, brain, or lungs, and is accompanied by frequent pulse, increase of heat, due to the rapid oxidation of the blood, and nervous derangement, wrought by the action of a poison introduced from without or within the system, and akin in its effects to fermentation. Not excepting the most malignant forms of yellow fever, or of any known disease, none are more destructive than the fever known as puerperal, and especially when septicæmia occurs. Both patient and accoucheur regard its occurrence with terror. Upon its prompt recognition and the judgment, skill and nerve of the physician, will often depend the salvation of a life invaluable to a family and to society. A case may occur at any moment, under circumstances the most favorable for escape, and if within the limits of a hospital or crowded city, may prove the source of danger and death, by infection or contagion, to others in the community. Fortunately, during the present century, the wise application of sanitary regulations and of disinfectants has lessened the evils incident to this disease. It has not prevailed in this country in epidemic form for many years. During the autumn and winter of 1878 and the spring of 1879 puerperal fever has occurred in various parts of Virginia, especially in the rural districts and also in the cities. The weather, which was unusually cold and wet, favored the production of zymotic diseases, such as diphtheria, erysipelas and typhoid pneumonia, with fatal results in some instances. Charles D. Meigs, M.D., in his treatise on "Childbed Fevers," has given a history and table of this fever, prevalent at former periods, dating back as far as 1652, commencing with one which prevailed in Leipsic, proving the disease to be epidemic, and affecting all women who may be confined at such a time. In 1853 this occurred in Philadelphia. In this treatise are given the following prominent symptoms of puerperal fever, viz., "Chill, marked by intense rigor, severe soreness and pain in the iliac region, with tenderness of the soft parts; the fundus uteri sore to the touch; tongue white and moist; headache, thirst, dorsal decubitus; motion of the thighs, or the effort to turn or rise in bed, causes suffering; pulse rapid and in some cases 140 per minute, with a vigorous stroke; extreme tenderness of the abdomen, altered physiognomy and hysteria." This eminent author and father of American obstetric science, in discussing the pathology of this fever, assumes the disease to be true phlegmonous inflammation, passing into phlebitis, with pyæmic intoxication, infiltration and abscess.

The following case of puerperal fever, complicated with peri-uterine cellulitis and septicæmia, occurred in the practice of the writer, in the month of November, 1878. Of the first confinement of the patient, the one now to be considered being the third birth, the history and details were given in the MEDICAL AND SURGICAL REPORTER, vol. XXXVII. Dystocia then occurred, demanding the prompt use of the forceps. It was stated that the patient, previous to marriage, enjoyed robust health; whenever pregnant, however, her sufferings from gastric disorder and colic made life barely endurable.

During the present, her third pregnancy, she worked a great deal on the sewing machine, had unnatural thirst, and was affected with hyperæmia, and had the misfortune, a few weeks before her confinement, to receive a fall down a flight of steps, in the dark, by stepping on a cat. From the latter accident the nervous shock was severe, though no injury of the coccyx or spine was detected, save a bruise of the soft parts. Shortly afterward congestion of the abdominal veins was noticed. The birth, according to accurate reckoning, was delayed ten days by this accident.

Thomas Addis Emmet, M.D., "Principles and Practice of Gynecology," gives an accurate description of pelvic cellulitis, and says that "the pelvic cellular tissue becomes inflamed, involving the vagina, uterus and bladder; abscess forms and discharges through either of these canals or organs; the rupture of a blood vessel by a fall will cause this accident. The inflammation is confined either to the broad ligament, posterior cul-de-sac, to the space between the uterus and bladder, or it may be general. It is common, and more important in being seldom recognized. If the disease be smouldering it is evidenced by pain produced on pressure; the posterior cul-de-sac must then be examined; the finger introduced into the rectum will detect tenderness, excited by pressure, local inflammation in the upper part of the broad ligaments, along the course of the fallopian tubes or in the ovaries, which could not be recognized from the vagina. The disease may be confined to a single point, or it may be a general cellulitis, involving the peritoneum."

T. Gaillard Thomas, M.D., "Practical Diseases of Women," describes three stages of this disease: 1st, Congestion; 2d, Effusion of liquor sanguinis; and 3d, Suppuration. In its course it may be likened to an ordinary furuncle: as a sequel of parturition, the abscess discharges itself either through the pelvic viscera, per vagina, urethra or rectum." Medical authors do not mention a frequent cause of peri-uterine cellulitis, viz.: accident among country women of the operative class, who carry pails of water on their heads, or parcels of wood up heights or down hill.

In resuming the history and progress of the case under consideration, the following symptoms were observed on the fourth day: The patient complained of torturing pain in the head and limbs, the groin, thighs and spine, and intense thirst; the pulse was 120; the countenance conveying an expression not to be described, that of fright or distress, styled by the French figure tirée; the skin was tightened or drawn upward, the pupil of the left eye contracted, and the expression that of amaurosis, or as if strabismus existed. The lochia were wholly suspended. The tongue hot, dry, and covered with a whitish coat. The gravity of the affection was thus recognized. The infant was removed to another room, Drs. Frost and Speiden were called in consultation, and it was decided to forego the use of the lancet; leeches could not be obtained. The patient was placed under a full opiate treatment, solution sulph. morph., f. ʒj, every hour, alternating with sol. salycinate sodæ, every two hours. Pil. sulph. quiniæ, gr.xj, early in the morning, preceding the return of the fever, and at night after its subsidence—

℞.	Liebig's ext. beef,	ʒj
	Sulph. quiniæ,	℈ ij
	McMunn's elixir opii,	gtt.lx
	Hot water,	Oij.

Enema; to be repeated during the night every four hours, for the relief of nausea and to support the strength, as recommended by Dr. Busey, of Washington City. Local applications of hop and flax-seed poultices. Teaspoonfuls of champagne with bits of ice and fresh cow's milk were also given. Written instructions were made out for the nurses, two of whom were kept on duty day and night. Dysuria required the use of the catheter twice daily. During the time the weather was intensely cold, the thermometer 3° below zero. The effects of this treatment at the close of eight days was to check the local inflammation and subdue the fever. The abdomen was less swollen. Test of urine with nitric acid and heat revealed the existence of albumen; lithic acid in excess. On the ninth day pil. hydrarg, gr. x, followed by seidlitz powder, were ordered; acted freely. Though warned, the nurse failed to have used the bed chamber, and allowed the patient to change her clothing and sit up in a cold room. The following day fever recurred; pulse 120, heat 103°; the apartment and cloths saturated with the peculiar fetor of a case of puerperal fever; hypogastric pain, dorsal decubitus, altered physiognomy, and dysuria; patches of pus were observed adherent to the sides of the urinal, with floating shreds of muco-purulent matter; the effort to move causes violent, stabbing pain in the region of the kidneys, pain in the head, confined to the base of the brain, and in line with the longitudinal sinus; almost total loss of sleep. Treatment, sol. morph. and pil. quiniæ and enemata continued.

℞.	Bicarb. potass,	ʒ ij
	Aquæ,	ʒ xij.

Tablespoonful every three hours. Fl. ext. gelsemii, gtt. viij, every two hours, and vaginal injections:—

℞.	Carbolic acid,	gtt. v
	Tilden's bromo-chloraline,	ʒ ij
	Hot water,	Oss.

Bis in die.

Diet, chicken broth and milk, oranges, Malaga grapes and jellies.

During this second stage of the fever, and the progress of symptoms of peri-uterine cellulitis, vaginal and rectal examinations confirmed the presence of an abscess accompanied by peritoneal inflammation of a limited character. Under the circumstances, a mild purgative is questionable practice—a single dose of castor oil having proved the occasion of a fatal result in a few hours' time.

It may be claimed that the opiate and quinine treatment, with bicarbonate of potass. during and subsequent to the maturation of the abscess, and constant supporting diet in the form of enemata of beef extract, champagne, malt and lager, and the use of the catheter, contributed to avert a fatal result.

At the end of thirteen weeks subsequent to confinement the patient was well enough to leave her room for the first time, requiring only, as a tonic and aperient, the following prescriptions:—

℞.	Iron by hydrogen,	gr. j
	Ext. belladonnæ,	gr. ¼
	Strychniæ,	gr. $\frac{1}{40}$.

Pill ter in die.

℞. Pulv. rhei, gr.ij
Ext. belladonnæ, gr.½
Ext. podophyl., gr.ij M.
Sig.—One at bedtime. Buffalo lithia waters.

During the period of a slow and protracted convalescence, any error of diet or over exertion, whether physical or mental, was attended by gastric suffering, nausea and vomiting, loss of appetite, palpitations of the heart and neurasthenia. For these symptoms, along with anodynes, Wyeth's peptonic pills, one after each meal, and also ten grains of lactopeptine, under like circumstances, acted most happily.

The recovery of this patient was nearly complete in the month of June, six months after childbirth and her illness of fever, when she imprudently exposed herself to the wet and cold of a spring house and worked on a sewing machine; unluckily this occurred during the first catamenial period since her illness, and was accompanied by nausea, persistent vomiting and uterine colic. The nervous exhaustion produced by the violence of the pain and retching nearly proved fatal. The treatment was by inhalations of chloroform and sulphate of morphia internally, the patient refusing to have it applied hypodermically, but without avail, for forty-eight hours. The urine at first was turbid and scanty; after standing it presented the cayenne pepper deposit, with a bright red line around the border of the urinal, as occurs in some cases of gout, due to lack of assimilation of the nitrogenous elements of the food, or when an acute inflammatory affection is followed by anæmia. Consultation with Drs. Frost and Speiden decided the non-existence of Bright's disease; that the stomach and uterine organs were the seat of disease. Absolute fasting was enjoined for seventy-two hours. Lemonade only allowed, with enemata of beef extract and McMunn's elixir opii. The patient rallied under this treatment, to undertake the journey to Toronto, Canada, where she was submitted to electro-galvanism and baths, under the kind and faithful care of Mrs. Jenny K. Trout, M.D., and E. Amelia Tefft, M.D., with great benefit and marked improvement of health.

Influence of Phosphorus on the Urine.

M. Cazeneuve reported recently, to the Académie des Sciences concerning the influence of phosphorus on the urinary secretion. Experiments on the dog and the cat show that phosphorus, given in toxic doses, causes increase of urea, phosphoric acid, sulphuric acid, the total nitrogen, and iron. The author disagrees with the view of certain physiologists who regard the liver as the principal organ formative of urea.

Hospital Reports.

CINCINNATI HOSPITAL.

SURGICAL CLINIC OF PROF. C. S. MUSCROFT.

REPORTED BY A. H. KELCH.

Tumor of the Scrotum and Removal of Testis.

This is the patient, gentlemen, who was brought before you last week. We examined the bladder at the time, because the patient was suffering from cystitis, but we found nothing else. Of course, when cystitis exists it is better to explore the bladder in order to be sure whether it contains a foreign substance, such as calculus. You know, in the other case presented to you, I told you I thought we would find a calculus, and so we did. I shall operate upon that patient next Monday. We found in this old gentleman what we would be very apt to find in all such cases, enlargement of the prostate gland, and I suppose it is one of chronic hypertrophy and irritation of the gland—that chronic hypertrophy found in persons of advanced age. This man is about at the age at which we would expect such a condition, that is fifty-five or sixty. I know of but few cases on record where this condition has been found to exist previous to fifty-five. What we bring this patient before you to-day for is this: he has, as you see, an enlargement of the scrotum on the left side, and that is the subject of our more especial investigation. When you have a tumor within the scrotum your duty is to ascertain as near as you can the true nature of the enlargement. This tumor seems to have grown very rapidly during the past week. Here is the enlargement, and it is probably the testicle, which is a glandular organ and subject to such an involvement. What we want to ascertain, in the examination of such a tumor as that is, whether it be connected with the abdominal cavity or not; whether it will pass upward; in other words, whether it be a hernial tumor. There are many diseases of the scrotum that you cannot positively diagnosticate. I would not give, in a case like this, a positive opinion. My impression, however, lies in the direction that it is the testis itself that is diseased. Some swellings of the testes commence in an acute form, as an epididymitis, the inflammation extending to the gland. When the gland alone is affected the disease is called orchitis. But when you have both of these involved you would call the condition, properly, testitis.

This tumor of the testicle might, perhaps, be chronic inflammation of the organ, but I do not think it is, for the reason that we have in chronic inflammation, generally, some hydrocele associated. You see the integument moves outside of the tunica vaginalis. Then, again, we have sometimes a tubercular condition of the testicle, that may go on for a long time without the patient being aware that he has any trouble, until a tumor is well formed, involving the epididymis or gland itself, and after a time suppuration may occur. On account of the want of pain in these cases the patient is not apt to call attention to it until considerable progress has already been made. In chronic inflammation the organ has a

peculiar shape, being flattened from side to side. In this case we have a little prominence here below, such as might be found in tuberculous testicle; the greater part of the gland, however, being regular in shape. The patient, you observe, as I freely handle this tumor, makes no complaint of pain. I think, together with the other surgeons of the Hospital staff who have examined the patient, that this is cystic degeneration of the testicle. There is no involvement of the inguinal glands. We will explore it and see. In syphilitic involvement the testicle would not be near so large; it might be pyriform in shape, and the pain be greater than in this case. So, too, in syphilitic enlargement, both testicles are nearly always implicated, and their enlargement is attended by more or less hydrocele.

Another form of disease we have to consider in a case like this is the gouty testicle. In that case the patient generally feels more pain at night; and another peculiarity of the disease consists in the fact that the other testicle is more or less liable to be affected through sympathy. You know hernia is one of the diseases about which we must be very careful lest we overlook it in these operations. Such mistakes have been made, and some instances have occurred where a thrust made into such a tumor has cost the patient his life. This patient is hardly aware of the commencement of this disease. He thinks he has had it about a year, his attention having first been called to it by the dragging weight of the testicle itself. That is the way that tubercular disease of the testicle first manifests itself. If this were a hydrocele we would find the testicle in the posterior part of the scrotum. But this tumor feels quite hard, and if it were a hydrocele, and I should press upon the testicle in this way, there would be the agonizing pain produced that is consequent upon pressure of the healthy organ. If, however, we decide this to be cystic disease of the organ, as I have already expressed my opinion it is, what would be the remedy? I believe there has never been anything efficient except castration, and after making the proper exploration, I shall remove the testicle. I think, however, there is no doubt about my being compelled to open the scrotum and take out the organ. I will now examine the tumor by transmitted light. There is not the slightest translucency here. It is perfectly dark, just as I expected. And now when I tap it, you can see there is plenty of fluid, just as I thought we would find. Now, suppose this should, as I said before, prove to be, instead of cystic disease of the organ, nothing more than hydrocele. Then we can go on and perform what would be evidently a radical cure; and where I want to make a radical cure, I always open the scrotum, and after allowing the fluid to run away, then cut off a part of the tunica vaginalis. Granulation takes place, and by this process the parts will heal and the disease is entirely cured; cured in such a way that it does not return. This operation does not act upon the same principle as stimulating injections, such as iodine, wines, sulphate of zinc, etc. It acts more slowly, and gives the parts more time to recover themselves, and the disease is not so apt to return. I have never known a hydrocele to return after an operation of this kind, and I do know of several cases where it has returned after the injection method. As in ordinary circumstances, we shall go on with the operation, and if we find this to be a hydrocele we can perform the operation for radical cure, and if we find it to be cystic or other disease requiring such measure, we can take the organ out.

Operation.—There is a part of the process in which you must be very careful, and that is to tie the spermatic cord and vessels as tight as possible, and not, as some do, to tie the vessels separately. After performing an operation of this kind, no matter how much loose cutaneous tissue you may have after the operation is performed, do not permit yourselves to make the mistake of cutting any of it away. It will contract, and by evening you will find this wound not more than one-third its present length. Here is the other organ left, with a healthy epididymis, and this man, in a few weeks, will probably be perfectly well. It is said that this operation tends to strengthen the remaining testicle, and that the operation does not at all interfere with the proper function of it.

Now, let us examine this tumor. Here, you see, is a softened, broken down, bloody infiltration, that has more the appearance of encephaloid tumor than anything else. Here is a decided cyst, but in malignant formations you are apt to have cysts. Here is a protuberance that looks very much like what is called fungus hæmatodes. Hence, as I said in the beginning, in tumors of the testicle you should always give a guarded opinion as to the diagnosis. But whatever the diagnosis may be, these tumors are to be removed. Two or three stitches here will be sufficient, and if any bleeding should occur repress it. The ligature I have applied to the spermatic cord will be left, and in the course of ten days it will probably come away.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. Stone read a paper upon

Version in Contracted Pelves (See p. 111).

Dr. Walker stated that he had not seen, in all his practice, a single case of well marked contracted pelvis. He would, therefore, not make many objections to the propositions laid down by the orator of the evening. Most authors state that when the head is well engaged and the waters broken, it is impossible to turn the child. His own experience, however, disputed the statement. He then related a case of mento-posterior presentation, in which, after administering ether, he returned the head above the brim and brought down the vertex. There existed no indication for turning, though there would have been no difficulty in performing it. The statements of the books he, therefore, thought to be theoretical, rather than practical. He had recently seen three cases in which rapid delivery

by version had resulted in laceration of the os uteri. His trouble had not been in getting the child out of the pelvis, but out of the uterus; therefore we should not perform version until the os is well dilated, so as not to resist the oncoming parts. When we are obliged to deliver early and rapidly (in consequence of hemorrhage, etc.), he believes the forceps to be better than version, because of this tendency to laceration of the os.

The amount of pulling required to extract the child after version is sometimes considerable. The prevalent teaching in the schools he thought erroneous upon this point. He lost his first case of head-last presentation, because of the teaching he had received, which was to use no force.

Dr. Wittig thought the use of force dangerous to both mother and child. He formerly had a great many cases; he related one in which he turned the child and used all the force he thought proper, yet it died from the delay in extracting the head.

Another case, in which the contraction was still greater, he turned, and after using all the force he considered safe, could not deliver the head, and therefore was obliged to perform craniotomy under bad conditions; in this case the mother died.

Dr. Heilman thought the danger of rupturing the neck of the child by traction to be usually overstated. He actually delivered a woman of a dead fœtus, already softened by maceration. He found it necessary to turn the child and exert traction, which he did, to the extent of using all the strength of which he was capable, yet he did not separate the cervical vertebræ even in this weakened, soft condition.

Editorial Department.

Periscope.

The Application of Oxygen to Ulcerating Surfaces.

In the *Lancet*, October 25, Dr. R. H. Goolden writes—

A patient was admitted into St. Thomas' Hospital, who was suffering from sphagenic ulceration of the throat. It was progressing with great rapidity, and in a very few days had destroyed the uvula and the greater portion of the soft palate. There was no reason to believe that it was the result of syphilis, except the general opinion that that form of ulceration is one of the subsequent stages of the specific disease. There was no secondary eruption, and she denied that she had ever had or been treated for it; but I hazard no opinion on that subject, as it is difficult to rely upon any statement of a hospital patient in such a case. What was left of the palate was of a bright crimson color, with elevated edges, discharging dirty, cream-like matter; the breath was very offensive, and she could neither speak intelligibly nor swallow liquid, which regurgitated through the nose.

The usual treatment in such cases is, I believe, the inhalation of the fumes of oxide of mercury, given off from hot iron. Now, it had often struck me that there must be some reason why such mercurial fumes should be so generally efficacious, and at the same time all forms of mercury taken into the stomach or through the skin are known to aggravate the process. Also that it is necessary to heat the iron upon which the oxide of mercury is thrown to a very high temperature to get any fumes at all, and even that protoxide of mercury, the black powder, when heated to an ordinary red heat and exposed to the atmosphere, absorbs oxygen and becomes peroxide, yielding no fumes, but when raised to a white heat or to the boiling point of mercury, it dissipates and gives off a white smoke. Now it is clear that no patient could inhale anything at so high a temperature, and that it must necessarily be allowed to cool somewhat before it could be attempted. This is what virtually occurs in the inhaler. The mercury is given off in vapor with its oxygen, but they are decomposed. The mercurial fumes do not rise with the oxygen, but, as soon as the boiling point is not sustained, fall back as crude mercury, or partly oxide, while the free oxygen pursues its way through the inhaling tube and is inspired. Under this idea I made the patient inhale pure oxygen, made in the laboratory in the usual way, from peroxide of manganese and chlorate of potassa, with the satisfactory result of arresting the destructive process. Though the greater part of the soft palate and uvula no longer existed, and speech was unintelligible, and fluid passed through the nose instead of downward, that which was left soon assumed a healthy character and healed, and within two weeks some part of the palate was operated on and a metallic plate supplied, and she was discharged in as satisfactory a condition, both as to swallowing and speaking, as could be hoped for after the destruction of the parts to so large an extent.

I had an opportunity of trying the same plan soon afterward, with exactly the same effect. There was some inconvenience in the use of the laboratory gasometer, as the patient could not be prevented from exhaling the gas into the gasometer after the inspiration, and it was naturally objected to. So I procured two large bags, to each of which there were attached two openings, the one for introducing the oxygen from the gasometer and the other for inhalation. To the latter two stop cocks were attached, and a glass mouthpiece with a valve, which allowed the free inspiration from the bag, but the expired gas was prevented from being returned into it, so that I had always at command a quantity of pure oxygen for respiration. The glass tubes were easily removed and washed.

There were some considerable advantages in

this plan. I got rid of the use of mercury altogether, and could continue the use of the oxygen at pleasure, knowing that the patient really did inspire it; for I believed that as soon as the hot iron plate became cool, which it was sure to do in a few minutes, there would be no inhalation of the fumes, as they would cease, and no oxygen be produced for inhalation, but the patient would merely breathe common air rather warmer than the atmosphere. In any general or lock hospital this plan is fraught with no difficulty; but in private practice the machinery would be too cumbersome, and any other plan is costly.

Oxygen may be prepared without heat by mixing permanganate of potassa and binoxide of hydrogen, but the latter material is not everywhere easily obtained, and is spontaneously decomposed by a high temperature, such as we often get on a hot summer's day, and drives out the cork or bursts the bottle, and must be kept in a cool and dark place.

Stammering of the Vocal Cords.

Dr. Prosser James, Lecturer on materia medica at the London Hospital, says, in the *Lancet*, Nov. 15th—

The affection to which attention is here directed is not a mere curiosity. It may entirely suspend the work of clergymen, barristers, singers, and others who make a professional use of the voice, and I have known it seriously interfere with the business of a mercantile man. It has been familiar to me for some time, but the first account of it was contained in a paper I submitted to the meeting at Cork last August, entitled "A Hitherto Undescribed Laryngeal Affection."

The disease appears to be due to defective coördination of the intrinsic laryngeal muscles. The vocal apparatus fails, at intervals, to fully obey the will, the failure giving rise to sudden interruptions to the voice, while the articulating power may be unaffected. As in the generally recognized impediments of speech the harmonious action of the groups of muscles engaged in articulation is disturbed, so in this vocal derangement, which I have termed stammering of the vocal cords, there is an analogous laryngeal motor disturbance. The disordered coördination which so commonly interferes with speech here affects the voice only. The movements required for articulating syllables are perfectly performed, but the production of vocal sound is at intervals suddenly suspended. Syllablization—to coin a word—is complete, phonation defective. The affection may cause the patient to stop speaking, as he is conscious of what he sometimes calls a "catch in the breath;" or he may continue a sentence from which some words will be lost to the listener. A year or two ago a patient under my care who suffered from this affection was careful to explain that, though he called it a "catch in the breath," he knew well enough that the stop in the sound had no more to do with respiration than with articulation. A clergyman who suffered from the disease in an aggravated degree was deeply distressed by his consciousness of the fact that, though he kept on reading the service, some of the words dropped soundless from him, a statement verified by friends who accompanied him and assured me that his lips moved in the usual way for the utterance of words and phrases which were lost in silence. He had been under treatment for a considerable period, and assured me that he had a "clergyman's throat," which had been attempted to be cured by severe measures, none of which had had any effect on his malady. I found the defective action of the cords, the larynx being otherwise healthy, and was thus able at once to put him on the road to recovery.

The sudden interruption of function of the vocal cords is exceedingly difficult to demonstrate; it is not likely to occur during the production of such sounds as are usually emitted in laryngoscopic examinations. I had to watch for a long time and to devise special methods before obtaining ocular demonstration of this stammering of the vocal cords. Isolated sounds are generally correctly articulated, even by confirmed stammerers; so it is in these vocal impediments; the patient can emit separate tones, and may, as could the clergyman named, run up and down the gamut. It is in the rapid emission of certain combinations of sounds that the sudden arrest must be watched for. The vocal cords may, with patience, perhaps be observed at the moment when they hesitate or tremble, at a point not sufficiently approximated for phonation, where they may seem to move as with a series of ineffectual efforts to obey the will, or display the irregular, paroxysmal, or spasmodic actions seen in the mouths of stammerers. In less aggravated cases there may be less distinct interference with voice production, analogous to the defects of utterance called "hesitation of speech."

Treatment of Convulsions in Children.

Dr. Charles Bell says on this subject, in the Edinburgh *Medical Journal*—

Treatment.—The first object in the treatment of convulsions is to allay the spasm and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecacuanha, according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor-oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat, while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advan-

tage, although M. North prefers venesection or cupping, as he says that he has never seen a well marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, the bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

Prognosis.—When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon returns, the case may be considered extremely satisfactory; but if the convulsions are long continued, or of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger.

The Treatment of Severe Shock.

In a paper by Dr. E. D. Mapother, of Dublin, in the *Medical Press and Circular*, this surgeon directs as follows, for those with a great shock: Spasmodic contraction of the minute arteries is certainly the condition, and external heat most certainly relaxes such spasm. No means can equal a hot-air bath; the temperature can be graduated in two or three chambers; complete recumbency can aid the weakened heart's force, and air heated to any degree can be inspired. I never saw a man who could more truly have been said to have been revivified than was a bronchitis patient, just admitted last Friday night. From one of my surgical wards I was called to see him dying, as it was believed, in a sudden fit of dyspnœa. Breathing the hottest possible steam, within half an hour his respirations became easy and all traces of non-aeration vanished. How much of the effects of smokes of all kinds in asthma may be due to temperature and moisture? In no other bath than that of hot air will the sweat forcibly spring from its glands and burst off the coating which covers our unwashed poor almost as continuously and impermeably as the serpent's slough, and if lung aeration be hindered the skin is the great auxiliary. Water baths, or clothing which only retains heat already set free, and in many shock cases scarcely any is set free, cannot act in the above ways. Frictions with turpentine and other rubefacients, and enemata of water at 120°, or of stimulating mixtures, can be readily used in the heated chamber. The drug I have just mentioned seems most suitable for combating shock: it is quickly diffusible and diuretic. Now, if morbid poisons will contract the general, pulmonary and renal arterioles, as rigor, dyspnœa, scanty and albuminous urine seem to show, turpentine must be useful by promoting the passage of the blood through the kidneys. In hysteria there is vaso-motor irritation, and turpentine often allays it by diuresis. Nitre, by its diuretic, oxygenating, and fibrin-dissolving actions, may be also useful.

Expansion of the chest by Sylvester's mode, the best, can be most advantageously used in a hot-air bath, as the inspired amount will give, not rob heat. In shock the blood urged from the surface congests the viscera, and artificial respiration must therefore give relief in the renewal of the fit distribution of the blood. We should remember that the whole of the blood would scarcely half distend all the vessels at once, and it is therefore that arterial muscularity, the great distributor, is so powerful, so vital. In the interest of the shocked, the shivering and the starving, I think there should be in every hospital, near the entrance, a hot-air bath. Its use in many forms of disease is becoming more widely known. The fullness of the right heart, and of the unvalved veins above it, in man and other animals, under shock and dyspnœa, has tempted Mr. Savory to advise jugular venesection in severe—apparently hopeless—cases. The milder expedient of leeching over the mastoids will as directly, if not as rapidly, drain this dammed back blood.

Suggestions in Diarrhœa.

In the *Practitioner* Dr. J. M. Fothergill has an article from which we extract the following:—

Look at the treatment of diarrhœa. How commonly is an astringent mixture, containing an opiate, prescribed without further reflection? Of course, in a great many cases immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm. In those cases where there is an offending mass in the intestines setting up a secretion to sweep it away—but where the secretion is set up too low for its removal—there is a teazing diarrhœa, a persistent desire to go to stool, with small, ineffective motions, affording no relief. Here the ordinary diarrhœa mixture only does harm; and what effect it has is to arrest a spontaneous reflex act often of a beneficial character. The proper treatment is to administer a dose of castor oil, or better still, a scruple of rhubarb in powder, by which secretion is set up above the offending mass, and it is swept away; after which the diarrhœa ceases. The secondary action of rhubarb in constipating the bowels renders it the agent *par excellence* for the treatment of this form of diarrhœa. The astringent and opium treatment of diarrhœa is equally or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persisting diarrhœa. The usual mixtures in great variety are prescribed, without effect. At last the persisting tenesmus drives the patient to a rectal surgeon, who, on

examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhœa is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhœa, else the patient's condition would indeed be a serious one. The mass is removed, and then the diarrhœa spontaneously ceases.

Hypodermic Use of Ergot in Hæmoptysis.

The following case, illustrating that ergot will check bleeding when administered hypodermically, after failing when taken by the mouth, is given in the *Maryland Medical Journal*, by Dr. R. Winslow:—

C. S., a musician, had been ill for a year, with either tubercular or syphilitic disease of the lungs. He had been under the treatment of several physicians before I was called to see him. I found him extremely prostrated, from severe and protracted hæmoptysis. He did not bleed continuously, but would have sudden gushes of blood, and would lose a large amount at a time, then coagulation would occur and the hemorrhage be arrested for twelve or more hours. These attacks usually occurred about six o'clock in the evening. I gave him fluid extract of ergot freely by the mouth, as well as gallic acid and other remedies, without effect. I then injected the ergot hypodermically several times, and controlled the bleeding completely; however, he died a few days afterward, from exhaustion. I record his case as an example of the power of ergot administered hypodermically to arrest hemorrhage which could not be stopped by the same remedy given by the mouth.

Expectoration in Phthisis as Indicating Treatment.

In an article by Dr. Derivaux, in the St. Louis *Courier of Medicine*, the writer says:—

The indications for treatment derived from expectoration are important. In the first place, if this is too copious and tarries long in the air passages, it is far better to hasten its expulsion than to allow it to poison the patient by its emanations and increase the dyspnœa—often so painful in this stage of phthisis. Tonics and chlorate of potash may be chiefly relied on for this end, although it would be better in such cases not to have so much reluctance in prescribing an emetic and repeating it as occasion requires. The chief indication, however, is the diminution of the secretion, the copiousness of which is doubly pernicious for the patient, by the frightful denutrition it causes, and by keeping up a very fatiguing cough. To check this secretion many remedies have been brought forward, none of which has held its ground better than opium and its principal alkaloid, morphine. This is best given in a single daily hypodermic injection of 1 centigram ($\frac{1}{6}$ gr.). Good results will also attend the exhibition of eucalyptus preparations. According to numerous observations of Dr. Gimbert, of Cannes, a place of resort for numberless consumptives, a notable diminution in expectoration has followed the administration every day of from one to two capsules of essence of eucalyptus, of 20 centigrams (3 grs.) each. More important yet have been the successes obtained in England and in France from the use of a creasote derived from the tar of the beech tree. The daily dose in the cases that fell under my observation at the hospice of Bicêtre, in the wards of my preceptor, Dr. Bouchard, professor at the faculty of Paris, varied from 20 to 40 centigrams (3 to 6 grs.) A remarkable improvement took place under the influence of this drug.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The subject of the sanitation of small cities is ably discussed by Dr. David Prince, in a reprint from the *Transactions* of the Illinois State Medical Society.

——The *North American Review* for February has a series of excellent articles. It takes a high rank among the monthlies of the world, and is evidently going to maintain it.

——The *Atlantic Monthly* for February has a variety of choice articles, and especially a detailed description of the symposium given Dr. Oliver Wendell Holmes, which will interest all readers and admirers of that genial physician.

——"The Audiphone and Dentaphone" is the title of a reprint descriptive of these new inventions for aiding the hearing, by Dr. C. S. Turnbull, of this city. It will be found a pamphlet of great interest to all who would improve the faculty of audition.

——A memoir of the late Dr. George B. Wood, prepared by Dr. S. Littell for the College of Physicians of Philadelphia, gives a quite full history of this eminent medical writer and teacher. It is well written and instructive. (pp. 56.)

——The Anatomical and Surgical Society of New York has commenced a monthly publication of the papers read before it. The annals will be edited by Dr. Charles Jewett, and published by G. P. Putnam's Sons, New York City. The first number is well printed and has several readable papers.

——The *Dictionaire de Médecine*, by Prof. Jaccoud, has reached its 26th volume and the letter P, and this after 15 years of parturient effort! Ziemssen's *Encyclopædia* is not much better; the publishers have issued a notice to subscribers that it is probable that the next volume will be delayed for some time to come, owing to the illness of Prof. Ziemssen.

——Lippincott's Magazine, for February, has a number of beautifully illustrated articles and a large amount of solid and pleasant reading. The eighth chapter of Dr. Oswald's "Summerland Sketches," also illustrated, carries the reader to the Delta of the Sumasinta River.

——*Vick's Floral Guide.* This work is before us; and those who send five cents to James Vick, Rochester, N. Y., for it will receive a very handsome work of a hundred pages and perhaps five hundred illustrations—not cheap, but elegant illustrations, on the best of calendered paper, and also an elegant colored plate that might well cost twice the price of the book.

——A further study of insane delusion, with reference to responsibility, is made by Dr. T. L. Wright, of Bellefontaine, Ohio, in a reprint from the *Medical News.* His conclusions, briefly, are as follows:—

"1. The partially insane should be held responsible for crime.

"2. The degree of responsibility attaching to the acts of the monomaniac is less than that which belongs to the sound mind.

"3. Capital punishment should never be visited upon one infected with any taint of lunacy."

——The fourteenth report of the Connecticut Hospital for the Insane shows that institution in a flourishing condition. In his report to the Trustees, the Superintendent, Dr. A. M. Shew, sketches the history of lunacy reform, and comments on its rapid growth. He observes—

"The results have been manifest during the past half century, in the almost total abolition of mechanical restraint, greater freedom, the introduction of amusements, exercise, games and labor, as auxiliary to medical treatment. During this period medical men in charge of hospitals have vied with one another in effecting reforms; and it is owing largely to their individual efforts that the insane of this age enjoy so many privileges."

BOOK NOTICES.

Transactions of the New Hampshire Medical Society, 1879. pp. 185.

Transactions of the Medical Society of Virginia, 1879. pp. 151.

Transactions of the Medical Association of the State of Missouri, 1879. pp. 141.

A large amount of good reading is included in these volumes. In the New Hampshire Transactions we may mention a careful study of the diagnosis of mammary tumors, by Dr. D. S. Adams; excellent reports on surgery, by Dr. J. N. Wheeler, and on gynecology, by Dr. S. C. Whittier; on medical testimony, by Dr. L. G. Hill; and a historical lecture by Professor O. P. Hubbard.

Much of the Virginia volume is taken up with reports on the advances in obstetrics, practice, hygiene, etc. Of original articles may be mentioned Dr. H. P. C. Wilson's on Paquelin's thermo-cautery in epithelioma of the cervix; Dr. Sims on abscess of the liver; Dr. A. M. Fauntleroy on thirty-three cases of diphtheria; and Dr. Selden on intra-capsular fracture of the neck of the femur. The Transactions are bound up, as usual, with a number of the Virginia *Medical Monthly.*

Of the original papers in the volume from Missouri, the more noteworthy are one by Dr. E. Borck, on the surgical treatment of wounds and inflammations; Dr. J. M. Richmond on some surgical diseases of the female pelvic organs; Dr. F. J. Lutz on epithelial cancer; Dr. C. N. Hughes on tendon reflex (already referred to in this journal); Dr. C. E. Michel on purulent ophthalmias; Dr. Wm. Dickinson on mydriatics and myotics; and Dr. W. H. Bryant on Bright's disease.

Space does not permit us to refer at any length to the regular addresses or the details of the Proceedings.

Clinical Lectures on the Diseases of Women, Delivered in St. Bartholomew's Hospital. By J. Matthews Duncan, M.D., etc. Philadelphia, H. C. Lea, 1880. 1 vol., cloth, 8vo, pp. 175.

Dr. Duncan is so well known that he needs no introduction. The lectures here collected are republished from various English medical journals, and are stenographic reports of those delivered in his hospital work. They are nineteen in number, and while not designed to cover the whole field of gynecology, embrace many portions of it. Some of the subjects are missed abortion, abnormal pelvis, ovaritis, perimetritis, and parametritis, painful sitting, aching kidney, irritable bladder, parovarian dropsy, procidentia, vaginismus, etc. The style is strictly clinical, the subjects brought into the lecture room being the text of the lecturer.

The author is a remarkably clear lecturer, and his discussion of symptoms and treatment is full and suggestive. It will be a work which will not fail to be read with benefit by practitioners as well as by students. As he observes, his references are scanty, and the details incomplete in some cases; but as clinical lectures go, these are good specimens.

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OPPORTUNITY FOR ORIGINAL STUDY IN PRIVATE PRACTICE.

PLUTARCH, in one of his writings, argued with great force that a man of good education and native ability should not pass his life in the country, but seek a great city as the proper sphere wherein to develop his powers. As PLUTARCH himself resided in a small town quite distant from the literary centres of that age, a friend objected to him this inconsistency; he replied, that for him to remove would be to make the small town still smaller, and less fitted for the residence of the able men who must perforce live there.

There was more than a quick repartee in the words of the old philosopher. Many a man well suited to achieve success in the competition of a large city is obliged by circumstances to confine his activity to the limited range of a rural neighborhood. Let him always bear in mind the suggestion of PLUTARCH, to do his utmost to make that neighborhood suited to the development of able men. How much he can do, if, for example, he be a physician, was well illustrated in the life of Dr. WILLIAM DARLINGTON, a Pennsylvania country doctor, yet a botanist of eminence, and who instilled into a dull and conservative community an enthusiasm for science which half a century has served only to increase. Those of our readers who recall the eloquent tribute paid by Dr. WM. GOODELL, a few years ago, to Dr. DARLINGTON, will appreciate how beneficent and lasting is the influence which one earnest worker can exert on a community.

Confining our consideration to strictly medical matters, it is a great mistake to suppose that the country practitioner cannot make any important contributions to his science. The reverse is more true. The most striking medical discoveries have been due to those who, separated from the distracting turmoil of the crowd, have had leisure to experiment and reflect on the cases which came to their notice. Their observations were accurate, and they were less influenced by the hurry and pressure of city life.

It should not be overlooked that private practice offers the only opportunity for many kinds of medical studies, and that, owing to the stability of the population, country practice is in some respects more favorable than that in cities for such investigations. Some suggestions in point were made not long since, by D. R. P. HOWARD, of Montreal, Professor of Practice in the McGill University, in an inaugural address. He instances, as the class of queries which the private practitioner alone has the chance to answer correctly, the following:—

"What has been the history of Mr. ——, treated for syphilis ten or twenty years ago, as regards his own health and that of his offspring?

"What has been the personal medical history of all or of a number of patients treated in their first attack of rheumatic endocarditis, of acute pleurisy, of chorea, of eclampsia, of typhoid fever?

"What have been the various diseases and peculiarities of temperament, constitution, etc., observed in the other members of a family, one of whose number has suffered from morbus coxæ, Pott's curvature, phthisis, epilepsy, rheumatoid arthritis, etc.?

"Those causes of epistaxis met with past

middle life, those of temporary and sudden blindness, of vertigo, of occasional syncope, of recurring but transient albuminuria. What have been their origin and their issue?

"Under what circumstances are pyæmia and puerperal fever met with in private practice? How often in one's experience has the lying-in woman been exposed, recently or at the time of her confinement, to the poison of any of the zymotici, and especially that of scarlatina, or erysipelas, and with what result?"

He further suggests that physicians should endeavor to prepare a tolerably complete *medical* history, so to speak, of their patients and their offspring, say for two generations, as thus invaluable information would be possessed for the solution of such questions as the following, hitherto scarcely studied, viz:—The succession, the substitution, the combination, the equivalence (pathologically) of different diseases, above all, that unknown subject, the *evolution* of disease. The family physician is the only person so circumstanced as to be able to perform such a labor, and it is quite as much in the power of the most secluded rural practitioner as in that of his city brother.

A large class of diseases, especially chronic complaints, hardly ever come within the ken of the hospital physician; another large class, to wit, malarial diseases, are hardly known in city life; and it is well known that the sthenic type of disease is now almost unknown in crowded localities, while it still occurs in the country. Many subjects of study are thus suggested, and the excuse of lack of opportunity is quite taken away from every physician, no matter how remote, unfriended and slow be the place of his residence.

Notes and Comments.

Therapeutical Notes.

TO CHECK DENTAL HEMORRHAGE.

Dr. E. H. Danforth gives these directions in the *Dental Cosmos*—

I keep a piece of the very finest, softest sponge, which I wet, and dry under pressure. In a case of hemorrhage after the extraction of a tooth, I cut off a piece about one-half the size of the crown of the tooth, and having first rubbed the side to be inserted with a little nitrate of silver, I dip it into tannin; then with the point of an instrument press it into the socket, and hold it there until it is saturated. It immediately adheres to the walls of the cavity, and if properly inserted will remain until it needs to be taken out. I have used this treatment over twenty years.

QUINIA FOR HYPODERMIC USE.

The following formula was recommended by Dr. M. L. James, to the Richmond Academy of Medicine (*Virginia Medical Monthly*, Dec.):—

℞.	Quiniæ sulphatis,		℈j	
	Acidi lactici,		♏xx	
	Aquam destil.,	ad	℥j.	M.

He says the lactic acid prevents ulceration.

PILL IN HABITUAL CONSTIPATION.

At a recent meeting of the New York Academy of Medicine, Dr. Caro praised cold applications to the abdomen, as recommended by Trousseau, in habitual constipation, and the following pill (*Physician and Pharmacist*, Nov., 1879):

℞.	Aloes,			
	Saponis,	āā	gr.ij	
	Ext. nucis vomicæ,			
	Ext. belladonnæ,	āā	gr.½	M.

Take at night.

BLACKBERRIES AS A TÆNIFUGE.

The *American Journal of Pharmacy* says that blackberries were recently recommended as a tænifuge by Dr. Lederer, who reports a very successful cure of an old lady who had previously taken almost all other remedies, without success.

A Hitherto Unknown Disease among Newborn Infants.

Dr. F. Winkel, in *Deutsche Med. Wochenschr.*, No 24, u. 25, 1879, reports the outbreak, in the otherwise healthy lying-in hospital at Dresden, during last March, of a hitherto unknown disease among the newborn infants. The rate of mortality among the twenty-three children that were attacked was 82 per cent., and the average duration of the disease in the fatal cases thirty-two hours. The disease usually made its appearance on the fourth day, but occasionally also on the first, and in one case as late as the twelfth. The children were all strong, with the exception of a pair of twins, and only five had been fed artificially. The mothers remained all healthy.

The chief symptoms were debility, cyanosis and icterus, the urine contained epithelial casts and blood corpuscles with detritus, and also urate of ammonia, and a small quantity of albumen. The stools were free and ochre colored. There was no fever; on the contrary, the tem-

perature fell; the colorless blood corpuscles increased in number, and the blood contained large masses of detritus of red corpuscles, with other minute bodies of molecular motion. The abdomen was soft and not tender, the liver pushed a little upward, and the organs of the thoracic cavity unchanged. In the course of the disease convulsions set in, with strong jerkings of the ocular muscles, convergent strabismus and rotation of the eyeball.

The post-mortem disclosed, invariably, the absence of any arteritis or phlebitis, enlargement of the spleen or congestion of the pancreas. The renal papillæ contained hæmaglobine infarcti, the stomach was dilated, the intestine ecchymosed, and Peyer's patches and the mesenteric glands swollen. The diaphragm and pleura ecchymosed, the bronchial and laryngeal mucous membrane congested, the brain œdematous, and all the ventricles distended. The disease can neither be the result of puerperal infection, nor of poisoning, nor of insufficient food; the etiology remains obscure. The author defines it as cyanosis febrilis enterica perniciosa cum hæmaglobinuria.

Iodide of Potassium and Calomel.

It has been frequently observed that the external application of calomel may give rise to severe inflammation of the conjunctiva, if used simultaneously with the administration of iodide of potassium internally. This Dr. Schlæfke explains by the formation of iodate and iodide of mercury, which in the presence of common salt, or iodide of potassium, are soluble, and act as caustics. He finds that if iodide of potassium be taken twice daily, in half-grain doses, its presence can be constantly detected in the conjunctival sac.

The Physiological and Therapeutic Action of Benzoate of Sodium.

The remarkable statements about the value of this drug put forward under the name of Rokitansky, of Innspruck, may be said to have been quite disproved. They rested on hasty and partial observation and ignorance of the action of the drug. Dr. Salkowski, who, in 1875, first called attention to the antiseptic action of benzoate of soda, points out, in Virchow's *Archiv* (vol. 78, part 3), that the elimination of nitrogen appears to be considerably increased by it, and that an increase of the destruction of the albuminoids of the body is caused. The increased excretion of nitrogen extended to five grams daily; and, in the course of a week, by a continuous use of high doses of benzoate of soda, a loss of one kilogram of muscle would be caused. These exact researches put Rokitansky's observations of an increase of body weight, in certain of his phthisical patients, in a special light; since it is clear that, if such increase occur, it must be rather as the consequence of the improved nutrition of the patients after being taken into hospital from poor homes, than of any arrest of the tubercular disease, which does not seem to be affected by the benzoate of soda, or of any direct action of benzoate on the body; for such action would evidently be in an opposite direction.

The Causes of Goitre.

These are still obscure. Recently Dr. D'Orbcastel has given some cases to show that exposure to sharp and prolonged cold will produce it. Dr. Guyon maintained that the disease, which in his view was only due to deprivation of solar rays, should not be attributed to cold or damp. M. Boussingault was strongly opposed to him, and instanced epidemic gout among soldiers, arising from a sudden change of barracks, and acute goître, a summer complaint, clearly developed by the influence of very cold drink, and which is not always of an ephemeral character. The thyroid body has been ranked among the sanguineous vascular bodies without an excretory duct. If it secrete any fluid, it is probably absorbed into its interior, and the cold is experimentally considered as a tonic vascular agent. M. D'Orbcastel, therefore, asks why a rapidly differing temperature seizing hold on the nerves of the vascular muscle should not induce an endosmotic action, a cellular congestion of the lymph or blood, on an organ of peculiar constitution. The facts referred to confirm him in this opinion; the cause was unquestionable, and the affection not doubtful: it developed without any complication, and if it did not always attain considerable proportions, the promptitude of the treatment probably prevented it.

The Action of Stryohnia.

In an article in the *Canadian Journal of Medical Science*, on the action of strychnia, Dr. T. W. Poole presents considerable evidence to justify the conclusion that the prevailing opinions regarding the mode of action of strychnia have been formed without due consideration, and in deference to a preconceived hypothesis, which has since been greatly modified; that these opinions do not rest on any scientific basis what-

ever, and having outlived their time, urgently require reconsideration. He thinks it will also be obvious that both the facts of strychnia poisoning and of its antidotal treatment prove that strychnia is not a stimulant, but a paralyzer of the nervous centres which it chiefly influences, namely, those of the spinal cord; and that its effect on the motor nerves is such as to paralyze their action, proportionately setting the muscles free to exert that inherent contractile power with which they are endowed, and which eminent physiological experimenters have declared displays itself in proportion to the freedom of the muscles from the influence of the nervous centres.

Malformations of the Genitals.

Professor Watson, in a recent paper, discusses these abnormalities. He is of opinion that in the human female a large clitoris is merely a sign of inferior type, just as certain ape-like characteristics are sometimes seen in man, even among civilized races and refined individuals. His opinions tend to correct certain mischievous ideas still prevalent in the medical profession, and more than once the cause of doubtful operations among its members. It seems as illogical to attribute enlargement of the clitoris to bad habits, as it is to explain the traditionally violent sexual instincts of the male goat to the fact that his vesicula prostatica is much more like a female uterus and vagina than that of any other male animal. None of the variations in the organs of normal animals seem to bear any relation to the variations in their sexual appetites.

Cautions in Transfusion.

In a recent paper before the Obstetrical Society, Mr. Schäfer gave the following advice as the results of his experiments. 1. Fluids other than human blood should never be used for transfusion in cases of hemorrhage. 2. Transfusion should always, if possible, be effected through a simple flexible tube, with glass cannulæ. 3. Direct centripetal arterial transfusion should, if possible, be employed; in default of this, direct venous transfusion is the best. 4. If it be impossible to perform either direct arterial or venous transfusion, mediate transfusion of whipped or unwhipped blood collected into a funnel and allowed to flow through an India-rubber tube and glass cannula into a vein can be tried. It involves, however, risk of the introduction of clots and germs of putrefactive bacteria into the vascular system.

Correspondence.

A Case of Vaginal Thrombus.

Ed. Med. and Surg. Reporter:—

The cases of so-called vaginal thrombus published in the Reporter of January 10th very forcibly remind me of a similar case, which I saw in August, 1870, in consultation with a neighboring physician, and which, by the way, is the only case of the kind I have met with in fifteen years of active practice.

The lady, Mrs. S., was a multipara, about thirty-eight to forty years of age, rather large and fleshy. She had borne previously eight or nine children, and had usually comparatively easy labors.

I gathered from the history of the case that this labor had been about as usual with her, excepting that, owing to the child being very large, her suffering had been excessive as the head was passing the vulva, and that during the few minutes that was being accomplished she had been very restless, throwing herself over the bed in uncontrollable agony.

However, her physician had removed the placenta, and after seeing her properly bandaged and dressed, had left her, without discovering, or even suspecting, anything wrong or unusual.

In three hours he was summoned in great haste, and on arriving found her suffering terribly, and with every recurrent "after pain," which were frequent, she would strain and "bear down," as if in severe labor, saying that she was "bursting to pieces below," and begging for relief with almost every breath.

Her physician immediately requested counsel, and in response to this request, I was soon in attendance.

I found the case as above described, and in addition, an examination revealed the perineum distended apparently to its utmost, as if by a child's head pressing down between the rectum and vagina, the posterior wall of the vagina everted, so as to be exposed for a couple of inches; all of a dark purple hue.

Believing the trouble to be caused by a hemorrhage, either venous or arterial, within the cellular tissue lying between the vagina and rectum, and that the great distention existing could only tend to keep up the hemorrhage by widely separating the bleeding vessels, and probably rupturing others, and that by evacuating the "tumor" first we could best apply compression, astringents, or even stypties and ligatures, if necessary, at my suggestion, a bistoury was at once thrust into the tumor, about two inches deep, entering the posterior vaginal wall nearly one inch above the fourchette. Bright arterial blood followed the withdrawal of the bistoury, in a jet six inches high, appearing as from a severed artery, except that it was a steady jet, instead of pulsating. As the blood continued to flow with gradually lessening force, the tumor became less tense and swollen, and the patient expressed her increasing comfort by frequent exclamations of relief and gratitude.

By manipulation we still further assisted the escape of blood, then folding up some dry cloths

for a compress, we bound them on the parts snugly, with a T bandage, and laying the patient on her side, bound her limbs together, having first, of course, evacuated the bladder with a catheter.

Ordering opium sufficient to control after pains and restlessness, we left her for the night, very comfortable.

The next morning we found her cheerful, having had a good night's rest and no more hemorrhage. The opening in the vagina was enlarged, some small clots of blood turned out, and a weak solution of carbolic acid injected into the wound as deeply as possible, as well as into the vagina.

This treatment was repeated twice daily for several days; cloths wet in solution of carbolic acid were kept over the perineum and vulva, and the patient allowed to lie in any position most comfortable to her.

With this treatment and a little quinine four times daily, our patient had as good a recovery as from an ordinary labor.

Was our treatment of this case too bold? Did we assume an unwarranted risk in using the knife? I do not think so. I rapidly revolved over in my mind the dangers from hemorrhage on the one hand, with the probable means of control at command which I have mentioned, and upon the other hand the certain dangers arising from the retention and decomposition of a large amount of blood in contact with a recently evacuated uterus. I saw the spectres of cellulitis, peritonitis and septicæmia vividly before us, and I infinitely preferred the one to the other.

The fear that the use of the knife might renew the hemorrhage in such cases is, I think, "a minimum quantity." I would sooner believe that its use would tend to stop the hemorrhage, by removing the tension or stretching from the bleeding vessels, as well as from others liable to be injured, besides enabling other means to be applied, should it be necessary. But still conceding the danger to be great, it seems to me that it is to be preferred before that other greater danger from blood poisoning, which is illustrated so forcibly in the cases to which I have referred in the first part of this paper.

It is not my purpose to institute any invidious comparisons, by any means, but as our case was similar to the other, and treatment very different, I thought it might be well to report it and let others judge and choose for themselves, each one in the light of his own knowledge and experience. It is by these means that we advance in knowledge and practical skill.

C. S. Maxwell, M.D.

Remington, Ind., January 4th, 1880.

Blistering in Pneumonia.

Ed. Med. and Surg. Reporter:—

In the column of Queries and Replies, of the Reporter, J. W. F., of Texas, asks, is blistering in pneumonia beneficial; if so, when indicated? I would answer, in my opinion, it is beneficial, and cannot be applied too early in the disease. I think it is a fixed law in the animal economy that two distinct acute diseases, arising from distinct primary causes, cannot exist long in the system at the same time. Either the one or the other must yield, or the life of the individual. Admitting this to be a true law governing acute disease, it would follow that counter irritation must have a controlling or, at least, a modifying influence over internal acute inflammations; by blistering the surface we create, diminutively, a small, local, independent disease. It must, therefore, somewhat arrest the internal complaint, just so far as it promotes a general disturbance of the system and gains the ascendancy. Sinapisms, stimulating and irritating liniments, are dependent upon and governed by this same law in their beneficial action upon disease. Mercury, formerly, when it was in the height of its favor with the medical profession, was used in a manner which illustrated the fulfilling of the law. In many extreme cases in those days efforts were made to salivate, and keep up this action upon the patient, experience having taught that by this new disease, produced by the action of mercury upon the system, the original complaint must give way, provided the constitution of the individual would be able to bear up under it.

As a further confirmation of this law, some 24 years ago, I remember, during an epidemic of scarlet fever (measles also prevailing at the time to some extent), meeting with a case where the patient was taken down with what I had to pronounce measles. These ran a partial course, when scarlet fever set in and ran its whole course, after which measles, apparently, finished their course. The case, I think, I spoke of at the meeting of our District Medical Society at the time. A similar case I remember seeing reported during the past year in one of our Medical Journals (I thought this one), but cannot find it now to refer to. Therefore, in conclusion, I would say that counter-irritation is indicated early in all acute internal inflammations, as in the foregoing I have in a measure attempted to illustrate.

W. L. Martin, M.D.

Rancocas, N. J., Jan. 22, 1880.

Ed. Med. and Surg. Reporter:—

In your Queries and Replies column you request the opinions of readers in regard to the propriety and efficiency of blistering in pneumonia.

Having practiced medicine in Northern Ohio, for twenty-eight years, and employed blistering in that disease to some extent, my opinion may have some little weight in making up a verdict. I would certainly be glad to learn the opinion of others, through your columns.

My experience has been, that in cases where there is pain in the chest, with dyspnœa, and the heat not more than 100° to 103°, a blister may do good in connection with other appropriate remedies.

My plan of applying is as follows, viz:

Be sure the chest is free from any greasy applications. Use the cantharidal collodion over the seat of pain, applied with a brush or swab, so as to give the surface a greenish shade. A drachm or two of the collodion is generally suf-

ficient to cover one half the front of the chest. I then cover the painted surface with fresh, soft leaves—say cabbage, or beet, or plantain leaves—for six or eight hours, and when a large vesicle has formed I open it at its most dependent part, taking care that no air enters. Such a plan of vesication rarely causes pain or soreness, and is healed in two or three days.

Ashtabula, Ohio. WM. M. EAMES, M.D.

Meddlesome Midwifery.

ED. MED. AND SURG. REPORTER:—

"The fashionable doctor, on being called to a case of labor," remarked a great teacher, "takes out his watch, and says it must be terminated in so many hours," adding that, "if nature failed to accomplish it in the time specified, he proceeded to deliver artificially." This may be fairly termed "meddlesome midwifery."

Quite recently, a practitioner, at his second visit to a primiparous parturient, the fœtus presenting in the most favorable manner, makes this comment: "Patient had slept some during the night, the labor had progressed satisfactorily, and, the os being pretty well dilated and everything favorable, ruptured the membranes." This would seem to be a most undesirable and uncalled-for intervention. The "bag of waters" had a work in hand which it was proceeding with gently, steadily and surely, viz: the full dilatation of the os internum, of the vagina, and the os externum. That it had not achieved half its mission the sequel fully proved. We are told that, after an hour of vigorous and quickly recurring pains, "unmistakable signs of exhaustion came on; gave chloroform, applied the long forceps, and extracted a well-developed female child;" that "considerable hemorrhage followed the expulsion of the placenta," and that "she rallied pretty well, but soon complained of severe hypogastric pain."

Here we find a labor, perfectly natural, progressing in the most satisfactory way, wantonly interfered with, bringing on a train of complications endangering life in the highest degree.

Had the "bag of waters" remained entire, it would gently, gradually and successfully have dilated the vagina and the external os; the head would have followed; and, when the waters were discharged, the head would have been passing the inferior strait. The force wasted in ineffectual efforts to dilate the vagina by the solid and rounded structure of the head might have sufficed to pass the fœtus through the external os, and for the completion of the labor. If not, then the forceps could have been employed much more safely and advantageously.

It might be well if they who would rashly substitute the forces of art for those of nature should ponder the inscription said to have been seen on a tomb at Rome:—

"I WAS WELL:
WISHED TO BE BETTER;
TOOK PHYSIC,
AND
DIED."

E. T. BLACKWELL, M.D.

Hackettstown, N. J.

NEWS AND MISCELLANY.

How to Work a Microscope.

At the last meeting of the Biological and Microscopical Section of the Academy of Science, of this city, Dr. Carl Seiler, the Director, gave an extended account of the proper modes of using the microscope so as to attain the best results. He said it mattered little about the lenses of the instrument, so that they were properly adjusted in relation to each other, and of the first quality. A most important requisite was the right sort of light, which should be white and steady. In working upon minute structures a powerful condensed light was absolutely essential, and the proper adjustment of the sub-stage and bull's-eye lenses was clearly explained. The pencil of light from the sub-stage should fall exactly upon the centre of the lens in use at the time, or else, in examining blood-corpuscles, for instance, the magnified images of these bodies would not be sharply defined, but, instead, would have a dim margin shading off into the surrounding space, rendering accurate measurements impossible. The importance of a sharp image in this case is sometimes absolutely essential, especially in the cases where the microscopist is called upon in murder trials to specify whether a given specimen of blood is that of a human being or that of some lower animal. It will readily be understood that investigations of this kind must necessarily be very carefully made, so as not to implicate the innocent or set the guilty free.

The preparation of various materials was then dwelt upon at some length by the speaker, who showed that even in a matter as simple as the preparation of blood for examination by the student, considerable experience was required, while every special department of microscopic investigation required special methods of work adapted to its own particular wants. A number of preparations were shown illustrating the speaker's remarks.

Pharmaceutical Preparations.

MALTINE.

This preparation, put up by Messrs Reed & Carnrick, of New York city, differs from the various malt extracts chiefly in being prepared from malted wheat, oats and barley, at so low a temperature that the diastase is preserved without impairment. The richer nutritive qualities of wheat and oats are thus made available, and the product is offered as one not surpassed, if, indeed, equaled, for therapeutic and dietetic purposes. Maltine is furnished in the market, both pure and combined with phosphates, cod-liver oil, quinine, etc., so that its nutritive action may be united to the special effects of various other agents. We have employed several of these preparations, in feeble infants and adult invalids, with decidedly good results, and can recommend them as efficient, not liable to change, and generally palatable.

REICH'S HUNGARIAN WINES.

These wines have been before the profession several years, and the very high testimony given

to their purity, soundness and value as a therapentic stimulant is an excellent guarantee that they are all that Mr. Reich claims them to be. We have, ourselves, carefully watched their effects in several cases where stimulants were indicated. and have been well satisfied with the result. Mr. Reich, in order to maintain a uniform standard, and to avoid any mistake or deception, does not sell them through the trade, but only directly to physicians or patients. We believe we can conscientiously recommend them to those who wish a pure, high-class wine.

Man's Appearance on the Globe.

The eminent geologist and naturalist, Prof. Dana, of Yale College, says, in a recent letter on the subject of his teaching of evolution—

"I endeavor to show that man's physical nature, as well as his spiritual, was not a product or educt of evolutionary processes; but that it demanded for its creation a divine act; referring for proof, as done by Wallace, to the fact that the brain of the lowest race of men has twice the cubic contents of the highest man ape; to the fact, further, that the skeleton of man is adapted throughout for a vertical position, and that of the ape for a horizontal or inclined; and that geology has discovered no human remains in the rocks that indicate a lower grade of man than now exists, or one that makes the first shade of approximation to the inclined structure of the ape, and also to the existence of a moral sense, etc.; all showing that some other power than nature's was required for man's existence.

"I also argue that the facts from science, thus far ascertained, sustain strongly the view that the introduction of life on the globe demanded divine intervention, and that there may have been divine intervention, for all that science has to say on the subject, in other cases in the grand system of progress.

"I observe. further, that creation of species by divine fiats does not necessarily imply creation out of dead matter: but that creation of species from species would be as strictly creation by a divine act, and of the two methods the latter would be, most probably, the true one, in view of the economy of action under God's laws."

The Weather and Health in Europe.

Intense cold has prevailed over all Europe this winter, beginning early and lasting with continued severity. The effect on the public health has been trying. The mortality reports of all the large cities show an increase in the annual death rate quite striking at times. Rome has reached 38 and 40 per thousand per year. In Naples a malignant fever has been prevalent. At the health reserts on and near the Riviera cold rains, light snows and damp days have prevailed. At Berne, one hospital received in the week before Christmas fifty patients suffering from severe frost bite. In Paris the applications for entrance to the hospitals in December were 1000 a week in excess of the accommodations. Silesia has been frightfully ravaged by hunger and typhus, as has also Ireland at one extremity of the continent and Turkey at the other. Very recently, a Rome dispatch to the London *Standard* says: The accounts from Terra di Lavori, Naples, continue to be terrible. The population of seventeen communes especially afflicted numbers 92,382 persons. Of this number, 51,340 had been attacked by fever up to the 15th of December last. This fever means famine. The government aid is not sufficient.

In Craniology.

Mr. John G. Henderson, of Winchester, Ill. is making a study of craniology of the aborigines of the Mississippi Valley. He would be glad to receive whatever information on this subject members of the profession can supply.

Personal

—Professor Hebra is such an invalid that he has not been able to lecture this winter.

—Dr. H. Augustus Wilson has been appointed Ophthalmic Surgeon to St. Mary's Hospital, in this city.

—Dr. J. U. Ball, member of the Legislature from West Feliciana parish, Louisiana; is dead, at the age of 52.

—The bust of the late Professor Tardieu has been offered, by the widow, to the Paris faculty of Medicine.

—Sir Dominic John Carrigan, an eminent physician of Dublin, Member of Parliament for that city, from 1870 until 1874, and Vice-chancellor of the Queen's University, is dead.

—Dr. J. Barnard Davis, of Shelton, England, whose craniological collection is one of the finest yet made, has offered it for sale to the Royal College of Surgeons for $5000.

—Two traveling doctors advertised a course of lectures at Wilmington, Del., last week, and having sold nearly 200 tickets, "skipped the town." They gave themselves out as "Dr. Stevens" and "Dr. Armstrong."

—M. Rouget, Professor of Physiology at the Faculty of Medicine at Montpellier, has been appointed Professor of General Physiology, at the Museum of Natural History, in place of M. Claude Bernard, deceased.

—Dr. David D. Richardson, who has been superintendent and physician in chief of the Insane Department at the Philadelphia Almshouse for fourteen years, has been elected superintendent of the new State Insane Asylum at Warren, Pa. He will enter upon his new duties on May 1st.

Items.

—The Argentine Republic has signified its union with the Geneva Sanitary Convention.

—Two English ladies have just received the degree of Doctor of Medicine at Paris. Their theses were highly praised.

—A saline mineral spring of considerable concentration has been discovered near Fultonville, N. Y.

—Five new medical colleges in this country opened their sessions this winter: and about double that number of medical journals have started.

—A French authority estimates that the average daily deaths on this world of ours figure up to 97,790: and as a compensation the average daily births are 104,800.

—According to Dr. Strebizky, of the Russian medical staff, there are in Russia 2000 soldiers blinded in the recent Turkish war, of whom only four per cent. owe their blindness directly to wounds, the others to defective sanitation, ophthalmia, disease, etc.

—The English sparrow was introduced into American cities to destroy the worms on the trees. "Which would you rather have," asked a sentimental miss of a metropolitan exquisite, "sparrows or worms?" The young man answered, "Really, I—I don't know. I never had—sparrows."

—The action of the Congressional Committee on Epidemic Diseases in regard to the refrigerating ship scheme practically puts a stop to the carrying out of this system of disinfecting ships. The Committee regard the scheme as impracticable, and are not inclined to vote the $200,000 required for its execution.

—Infanticide was terribly common in the northwest providences of India during the year 1878-'79. The Inspector-general of Police reports that no less than 26 per cent. of the female children born were killed. Among the poorer people a higher value is placed on the boys, and, therefore, when food is insufficient for all, the girls suffer most.

OBITUARY NOTICES.

Dr. J. S. Crawford,

Of Williamsport, Pa., was killed, December 15th, 1879, while crossing the railroad track. He was born in Orwigsburg, Schuylkill county, Pa, November 17th, 1808; received a common school education, and graduated at the Jefferson Medical College, in 1838. He first located at Cambria, Luzerne county, thence removed to Williamsport. He was an active member of the Lycoming County Medical Society. In 1871 he was elected President of the State Medical Society. During the war he was appointed State examining surgeon for drafted men, and in 1863 was appointed government examining surgeon for the pension department, which position he held up to the time of his sudden death. Dr. Crawford was a man who was an honor to the profession, a good citizen, and a Christian gentleman.

—Mr. Soelberg Wells, the eminent British ophthalmologist, died in December, at the age of 43 years, of an obscure disorder of the liver, from which he had suffered several years.

—The English dermatologist, Mr. Thomas Hunt, somewhat known for his work on "Diseases of the Skin," died recently, at an advanced age.

—Dr. G. B. Bishop, a well known physician of Titusville, Pa., died in that city, Jan. 21st, of cerebro-spinal meningitis, at the age of 51 years. He had previously practiced in Silver Creek, N. Y. Resolutions of respect were passed by the Crawford County Medical Society.

—Dr. A. S. Van Praag, a dental surgeon of eminence in New York city, died last week. He was a graduate in medicine of the University of Leyden, in 1826, and a prominent adherent of the Hebrew faith.

QUERIES AND REPLIES.

Tobacco Chewing.

Dr. B. L. L., of Ill., in Queries and Replies, Jan. 21th, asks suggestions to break up the habit of tobacco chewing, etc.

The habit of tobacco chewing, like all other habits, is hard to break off without a little self-will. The best antidote for tobacco chewing is to throw your tobacco away with a determination never to taste it again, and stick to it, and in twelve months I will guarantee that you are a better person morally, physically and mentally. J. CHOWRING, M.D.

Renault, Ill.

Others write to the same effect.

Dr. W. S. R., of Pa., questions our condemnation of the word *Allopathic* (see *Reporter*, Jan. 24, p 88). He instances the common use of it to designate regular practitioners. We acknowledge this use, but condemn it as erroneous. Allopathy expresses the doctrine that remedies act by producing effects contrary to those resulting from the disease: it is, like homœopathy, properly so called, an ancient scholastic theory, long since discarded by scientific thinkers, but not yet eradicated from the popular mind.

Dr. J. M. S. of N. C.—A treatise which goes quite fully into post-mortem changes is Casper's *Forensic Medicine*. They are discussed in most works on this branch.

Oculus.—Many articles have appeared on color blindness recently. It would be impossible for us to give a full list of them.

Southwest of Tenn.—We have not forgotten the quinine question. On the contrary, we shall, at an early date, lay some facts on the subject before the profession.

MARRIAGES.

FAUGHT—KENNEDY.—On Thursday evening, January 22, 1880, at the residence of the bride's parents, by the Rev. R. D. Hopper, D.D., Dr. L. Ashley Faught, and Minnie E. daughter of Thomas Kennedy, all of this city.

GLASGOW—JACOBS.—At the parsonage of the North Broad Street Presbyterian church, Philadelphia, October 8th, 1879, by Rev. R. D. Harper, D.D., R. B. Glasgow, M.D., and Emma S. Jacobs, of Philadelphia.

MARKLE—TABBS.—At Kingston, Pa., by Rev. H. H. Welles, assisted by President Cattell, of Lafayette College, George B. Markle, Jr., of Philadelphia, and Clara R., daughter of R. H. Tabbs, M.D., of Kingston.

DEATHS.

EMERY.—In Chelsea, Vt., January 4th, 1880, F. W. Emery, M.D., aged 36 years.

TRUMAN.—On January 24th, at Hanover, Germany, Mary A. Truman, wife of Dr. James Truman, of Philadelphia, and daughter of the late Thomas McClintock.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1198.] PHILADELPHIA, FEBRUARY 14, 1880. [Vol. XLII.—No. 7.

Original Department.

Lecture.

ATHEROMA OF THE ARTERIES.

Delivered at the Hospital of the University of Pennsylvania, December 13, 1879,

BY WM. PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pa.

REPORTED BY WM. H. MORRISON.

Gentlemen:—Here is a man 54 years old; he has worked hard as a laborer on a railroad. He has had no sickness before the present trouble with his heart, which began five or six years ago. He never had rheumatism. He now presents himself with constant shortness of breath, greatly increased by the slightest exertion; lately he has noticed a little trouble on swallowing solid food. There is no disparity between the pupils, which are equally movable and equal on both sides. There appears to be no difference in the size of the pulse on each side. He has an extraordinary amount of visible pulsation over the body. Take, for instance, the right brachial artery, and notice how violently it pulsates, and I think you will say at once that not only is there great excitement of the pulse, but enlargement of the artery. The course of the artery seems unusually tortuous. You see the same condition in the subclavian and thyroid axis at the base of the neck; the same is also seen in the carotid and its divisions. We have, then, a remarkable degree of visible pulsation.

The apex beat of the heart is seen in the line of the anterior border of the axilla, in the seventh interspace. There is, then, a marked displacement of apex beat downward and to the left. The action of the heart is rapid, and, on auscultation a double murmur is heard at the base, at the second right dorsal cartilage, of which the systolic murmur is the strongest. As I go toward the xiphoid cartilage, the systolic murmur is loudly heard. Its maximum intensity is at mid-sternum, over the aortic valve, opposite the third rib. It is transmitted upward and outward, and is heard slightly in the brachial and strongly in the subclavian and carotid. In going toward the point of the heart the murmurs rapidly fail in force, but at the apex and round toward the axilla the systolic murmur preserves some force, and gains a character different from that which it presents at the xiphoid cartilage, or at mid-sternum opposite the third rib. It would seem, therefore, that while undoubtedly the greatest part of the trouble is due to disease of the aortic valves and the aorta, there is also some mitral regurgitation, but not very great in amount, since the murmur is most strongly heard over the aortic distribution.

We have, then, a case of double aortic disease, which is evidently associated with disease of the arterial trunks pretty much all over the body. There is not simply an exaggerated action, which would explain some of this throbbing at the root of the neck, but there is evidently change in the walls of the vessels themselves. Now, are these changes such as would lead us to believe that an aneurism of the arch of the aorta existed? There is no sign of pressure, with the single exception of a little diminution of the power of swallowing. If there is not an aneurism, I think that we must suspect considerable dilation of the arch of the aorta, since, when we have disease of the arteries, we, as a rule, find that the changes become more marked as we approach the heart. If we could examine the aorta, we would, no

doubt, find it thickened and decidedly dilated. This can sometimes be recognized by careful percussion along the arch of the aorta, noting that there is a little impairment of the resonance in the line of that vessel. Here the highest dullness of the heart is at the third rib, and only developed there by deep percussion. As we go on the sternum at this point, we find in health no dullness in the line of the aorta, except, perhaps, in very forced expiration; but I think that here, along the right border of the sternum, at the second interspace, a little dullness can be detected. There is more dullness than is compatible with the normal size of the aorta. I would have, therefore, no hesitation in saying that the arch was decidedly dilated, and that the coats of the artery were thickened, rough and atheromatous. It may be that this dilatation slightly interferes with the expansion of the œsophagus; but it may be that this difficulty is largely functional and nervous. In order to settle this point, a careful examination of his power to swallow pieces of food of different sizes would be required. I have noticed such difficulty in swallowing where there was slight enlargement of the aorta.

We can find no special cause for this disease. The patient denies any syphilitic infection. This kind of diffused arteritis is more frequently seen as a result of syphilis than from any other cause, but it sometimes arises from idiopathic conditions. Sometimes caused by overstraining of the arterial system by hard work, especially by lifting heavy weights. If you associate with this depressing causes, such as constant exposure to damp and cold, with improper and insufficient food, I think they are sufficient to set on foot this degenerative change in the coats of the arteries; these become thickened, lose their elasticity and power of resistance, and although the walls may remain thickened, their size is greatly increased. Thus there is an increased strain thrown on the heart, and you find, as a consequence, a dilated hypertrophy of the heart, affecting particularly the left ventricle, and I fear, as a result of this dilation, a slight insufficiency of the mitral valve. The murmur is probably largely produced in the aorta itself, for not only are the valves rough, and perhaps rigid, but the coats of the artery are also so rough that a murmur is produced by the passage of the blood over it.

The condition of this man renders rest essential to prolong his life and restore such measure of comfort as it is possible for him to regain. With this rest must be conjoined a nutritious and well selected diet, and digitalis, to strengthen and regulate the action of the heart. As far as I know, the best result upon the arteries is to be gained by the use of small doses of mercury and iodide of potassium. I would place him upon the one-thirtieth of a grain of the biniodide of mercury, such doses of iodide of potassium as are well borne, digitalis, absolute rest and a nourishing diet. These will place him under the most comfortable circumstances possible.

Communications.

SUCCESSFUL LIGATION OF THE SUBCLAVIAN ARTERY IN THE SUBCLAVICULAR TRIANGLE, FOR WOUND OF THE AXILLARY.

BY J. W. BOWCOCK, M.D.,
Of Clarksburg, W. Va.

James M., on the 25th of September, 1879, received a cut on the anterior surface of the left shoulder, about four inches in length, and as well as I could judge by probing, between five and six inches in depth, the knife striking the joint and glancing downward toward the axilla; he was bleeding profusely when I first saw him, and was already nearly unconscious from the loss of blood, having been brought to my office at least a mile from the place where he had received the injury. On examination, I thought that merely one of the branches of the thoracica acromialis was cut, and immediately ligated it, sponged the wound out well, and drew it together by four interrupted sutures, and was preparing the adhesive strips for application, when the patient became very much excited at something one of his friends said in regard to the difficulty in which he had received his wound, and attempted to rise from the position in which I had him lying, and in less time than it takes me to write it, in an instant, almost, the integument puffed out to the size of a large orange, and the blood spurted from between the sutures into my face as I grasped him and compelled him to be quiet. I suspected immediately that the axillary artery had been scathed, and although not entirely separated this exertion on his part had finished what the knife failed to do. I cut the sutures and applied sol. ferri subsulphatis as rapidly as I could, having sent for my father, Dr. J. M. Bowcock, to assist me, who came immediately, accompanied by Dr. P. M. Goff. Both agreed with me in regard to ligating the subclavium. I did not give him an anæsthetic, because he was very weak from the loss of blood, but stimulated him with spts. frumenti,

although his system was very well charged with that article at the time he received the injury. I then felt for the subclavian above the clavicle, where it is customary to operate, but could find no pulsation, therefore was compelled to make my incision in the sub-clavicular triangle, in which position I could very plainly feel, as well as see, the artery pulsating. Having ligated it after considerable difficulty, as it is very deep at this point, I had him removed to the nearest hotel, nearly one square. I then kept his system well opened with saline cathartics, and Prof. S. D. Gross' antimonial and saline mixture, the latter also keeping under control the surgical fever, and as external application used a weak solution of carbolic acid. On the fourth day after the operation well defined traumatic erysipelas showed itself, seeming to be in its worst form. I then gave him the following:—

R. Tr. ferri chlor., gtt.xxx
Quiniæ sulph., gr.ij. M.
Sig.—Every four hours.

and used locally Goulard's extract of lead and tr. opii. In five days the erysipelas had nearly entirely subsided; and on the eighteenth day the ligature came off. I still kept him on the above tonic treatment, in about half the dose before mentioned, as I thought it as good a tonic as I could give him, and it has proven so, to my entire satisfaction, for at this time he weighs more than he ever did before, but still has not perfect use of his arm, as a great many of the nerves on the anterior part of the shoulder were divided, and I think now that perhaps the capsular ligament must have been somewhat injured, judging from the partial stiffening of the joint; although he is gaining better motion every day, he cannot raise his hand any further up than his mouth at this time; but I think that in time he will have nearly perfect use of his arm.

CASE OF SPONTANEOUS RUPTURE OF THE UTERUS, WITH RECOVERY.

BY W. D. HOYT, M.D.,
Of Rome, Ga.

On the night of the 3d of January, 1879, I was called to see Maggie Brown, colored, twenty-four years of age, in labor with her fourth child. She was a short, black, stout negress, whom I had known for some years, having been called some years previously to see her, in consultation with another physician, in her first labor. She had then been in labor two days and a night, and it was at a late hour of the second night that I was called to see her. I found her with a very contracted antero-posterior diameter of the superior strait, it being, as nearly as I could ascertain by measuring with my finger, a little less than three inches. The pains were strong but ineffective; the head was partially withdrawn through the strait, and evidently pressing on the sacral nerves. After some time I got the consent of the attending physician to the use of the forceps, and delivered her of a male child of large size, which was born dead. She suffered greatly from the pressure on the sacral nerves, and was partially lamed in consequence. I attended her alone in her second confinement; and early in the labor, when the head had fairly engaged in the superior strait, I applied the forceps and gradually assisted the labor, making traction efforts only during the occurrence of pains. In this way it took me over an hour to deliver her of another male child of large size. The heart beat for some time after birth, but respiration could not be induced and the child died. The patient recovered satisfactorily from this labor, having only the same amount of lameness as before. Her third child, a female of small size, was delivered spontaneously, under the care of another physician, and lived. I had advised her not to go to full term, but to have labor induced at the seventh or eighth month, which advice was not followed.

It was early in the evening of the 3d of January when I was called to see her. I found the head presenting in the first position; the pains were strong, and as she had been delivered of one live child, I was disposed to wait and watch the efforts of nature. The waters broke spontaneously, and the contracting process was going on, by which the head was being gradually forced through the superior strait, when suddenly, in the midst of a violent pain, she cried out that she had a severe pain in her stomach. At first, I though it was only colic; but finding her pains had ceased, I felt her wrist and found there was no perceptible pulse, while her appearance indicated severe shock. Placing my hand over the abdomen, I could feel the buttocks of the child partially protruding, encircled by the tense womb. The friends asked if they should go for another physician. I told them there was no time, and immediately applying my forceps (a pair of John Rohrer's Bettles forceps) I rapidly delivered the head. There were no pains to assist me, and I had considerable difficulty in delivering the shoulders; but with my fingers in the axilla I delivered first the right and then the left shoulder. As the last shoulder escaped from the vulva there came a gush and the rest of the child's body, with the afterbirth, and clotted and liquid blood, all came

away together, sprinkling blood in every direction. It was evident that the placenta was completely separated and was lying loose in the womb. The womb now contracted well and the pulse returned. Giving my patient full doses of opium, and making her as comfortable as circumstances admitted, I turned my attention to the child. I found a female child, weighing, I suppose, eight or nine pounds, which I failed to resuscitate. As I desired to remain near my patient, I laid down, but about 3 A.M. was called to see her. I found her in great pain, and as there was very little discharge, the supposition was that clots had formed in the womb; I introduced my hand for the purpose of ascertaining. I found there were only a few small clots, but felt the rent, through which I could pass my hand. It is my impression that the peritoneal investment of the womb was not torn. The womb seemed thinned at the point of laceration, and had a harsh, degenerated feel. The pains proceeded from a small hour-glass contraction to the left of the rent, in which a small clot was included. Dilating the contractions and turning out the clot stopped the pains. After this she rested comfortably until morning.

The following are the notes of the case:—

4th. 5.30 P.M. Pulse 126; temperature 99.2°.

5th. Passed a good night until 3 A.M. Passed water twice, early in the night and at 4 A.M. Taking light nourishment; abdomen tympanitic. 2 P.M. Pulse 124; temperature 101°.

6th. Had pains through the night; slept toward morning; meteorism moderate; lochia pale; urine dribbling away; took some nourishment. 4 P.M. Pulse 122; temperature 103.2.

7th. Slept well; considerable perspiration; has a fair appetite; soreness diminished; urine dribbling away; no collections in the bladder. 1 P.M., pulse 102, temperature 98.6.

8th. Pains through the night; bowels acted spontaneously; passed urine; tympanites diminished; womb less engorged; appetite good. 5 P.M., pulse 104, temperature normal.

10th. Slept well; bowels moved several times; the actions at first dark and now yellow; milk came last night; soreness of abdomen diminished. 1 P.M., pulse 116, feeble, temperature 100.8.

12th. Sciatic pains night before last; the bowels are regular; the appetite good; the milk is dried up; she feels well except for the sciatic pains. 2 P.M., pulse 100, soft, temperature 100.2.

15th. Doing well, but complains of sciatic pains. Pulse 100, soft, temperature normal.

16th. Had chills and fever last night, which I judge to be malarial. Pulse 110, temperature normal.

Treatment.—For days the patient was kept under the influence of opium, administered every two to four hours when awake; quinine was given from the start, ten grains being given between 12 and 6 A.M., and the same quantity between 12 and 6 P.M. When her fever rose to 103 the quantity was increased to 15 grains; on the occurrence of the chill some calomel was given and the quinine continued. Iodide of potassium and Fowler's solution were used for the sciatic pains. With the view of filtering zymotic germs from the air penetrating the womb, a pledget of cotton was kept constantly applied to the vulva.

After the last record made she progressed favorably, and made a good recovery. I now frequently see her on the street, in good health.

CASE OF OVARIAN TUMOR, WITH OVARIOTOMY.

BY I. J. WIREBACK, M.D.,
Of St. Petersburg, Pa.

Mrs. Mary Best, fifty-four years old, married; was never pregnant. Health had been good until about two years and a half ago, when she commenced ailing. About one and a half years ago, in June, 1878, the first evidence of a tumor was noticed, which increased in size until July 29th, 1879. It was first tapped by Dr. Clover, the attending physician, since which it has been tapped ten times, and in all about thirty gallons of fluid removed. The last tapping was on January 1st, 1880. The interval between the successive tappings growing shorter, and the suffering and anxiety of the patient more intense, without any persuasion, after being made acquainted with the danger of the operation, she chose to have ovariotomy performed by Dr. Clover. Although her age and the feeble condition of her health were against her, the Doctor felt it his duty to operate.

Accordingly, on the 9th of January the operation was performed successfully by Dr. Clover, assisted by Drs. Wireback and McComb, of St. Petersburg; Dr. Fitzgerald, of Lamertine; Dr. Northrop, of Edenburg; and Dr. Baker, of Duke Centre. The operation was performed under the carbolic acid spray; all the instruments were immersed in a 5 per cent. solution of carbolic acid. All ligatures and dressings, as well as blankets and coverings, were either saturated or impregnated with a solution of carbolic acid. We all, after washing our hands and brushing our nails with a nail brush, immersed them in a 2 per cent. solution of carbolic acid. The patient having undergone the preparatory treat-

ment, she was etherized (Squibb's ether), placed on the table, wrapped in flannel blankets, only the abdomen made bare; the catheter was passed, but very little urine escaped. An incision was made, commencing about one inch below the umbilicus, extending downward about three inches; the aponeurosis and perineum were divided upon a grooved director, without any hemorrhage occurring. The tumor was disclosed, presenting a dull-white appearance. An exploration with the sound denoted no adhesions. The incision was then enlarged to about five inches, a large trocar was plunged into the sac, and the fluid contents, about six gallons, withdrawn, the fluid was the color of rather dark urine. The sac was pulled out; the pedicle, being small, was ligated with a single silk ligature, the ends cut short, and after the cyst was removed, the pedicle was dropped back. All superfluous fluid was removed from the abdominal cavity with sponges. The intestines were supported by an assistant. The other ovary was examined and found to be healthy. The wound was brought together with silver wire sutures, about half an inch apart, made to include one-fourth of an inch of the peritoneum.

The wound was dressed with two layers of carbolized absorbent cotton, secured with adhesive strips, then four more layers of antiseptic cotton, and the whole secured by a flannel roller.

The ether was suspended during the insertion of the sutures, and when the patient was put back to bed she spoke. There was no sickness from the ether at this time, having experienced some sickness and vomited twice when first going under its influence.

Her temperature after the operation 96½° Fahr., pulse 120; pulse previous to operation 112. She was now given ¼ grain morphia sulph. and some beef tea, when we left her for the night, in charge of Dr. Clover, who promised to report.

HENRY BEST FARM, Jan. 10, 2 P.M.

Dr. WIREBACK, *St. Petersburg, Pa.*

Dear Sir—According to agreement, I report the case to-day. Mrs. Best vomited twice in fore part of night. I gave her ¼ gr. morph. sulph.; she threw that up; then gave her ⅛ grain hypodermically; she then rested well until 2 o'clock A.M.; felt a distress in her lumbar region; gave her ¼ gr. morphia, and she rested well and slept some. In morning sickness had gone; retained beef tea and water; drew a pint of normal urine; pulse 93 per minute, temperature 99° Fahr.; looks bright and feels cheerful; laughed this forenoon, and says she feels better than she did for the past two years; says she can hardly realize her burden is gone. I will report to you soon again. Yours. etc., DR. CLOVER.

The tumor was multilocular, containing about one hundred smaller cysts, down to the size of a walnut, and several hundred still smaller ones, connected together with a fibrous connective tissue; the fluid in the smaller cysts was more transparent than that in the larger ones, while that which existed in the parent cyst, external to the smaller ones, was dark colored. The fluid, under the microscope, presented the characteristic bodies, the chestnut bur and crystalline substances.

Under date of 12th inst., Dr. Clover again writes that the patient is doing well; feels cheerful, laughs and talks, no pain, good appetite, passes urine naturally, pulse 88, temperature 99°

PUERPERAL CONVULSIONS.

BY THOMAS A. POPE, M.D.,
Of Wilderville, Texas.

On November 1st, 1879, was called, hurriedly, about one o'clock P.M., to see Mrs. T., primipara, aged eighteen. She was a strong, plethoric woman, and up to the date of her confinement, which was at full term, had enjoyed excellent health. On arrival I found her semi-conscious, pupils dilated, carotids throbbing strongly, pulse 80, and full. I was informed that she was just recovering from a convulsion, of which she had had two, there being an interval of twenty minutes between them. On vaginal examination I found the os yielding and dilated to the extent of half an inch. Head presenting. Scarcely was my examination complete ere my patient was suffering from another convulsion, which was terrible in its intensity. I opened a vein in her arm and extracted blood, fifteen ounces, and as soon as she was able to swallow gave—

R.	Potassii bromidi,	grs. xxv
	Chloral hydratis,	grs. xx
	Aquæ,	q.s

In a few minutes she was again threatened with a convulsion, which was warded off by chloroform, which I continued to administer at intervals for an hour, when I repeated the dose first given. The chloroform was then suspended. At six P.M. a large, healthy child was delivered. Before the placenta was removed she became conscious, and was perfectly rational. After removing the placenta I gave one-sixth of a grain of morphia. She seemed to rest well, but within an hour the convulsions returned, and were again readily controlled by the chloral

and potash. She was kept under the influence of these agents for twelve hours, from which time no further nervous disturbance was manifested. Dr. A. Horn was present when the convulsions returned after the birth of the child.

Case 2.—I was called about four A.M. to see Mrs. S., primipara, aged about twenty-five. Dr. Phipps was present, he having been with the patient several hours. She had a convulsion just before my arrival. I found her perfectly conscious. Presentation natural. Head of child distending perineum. Immediately administered

℞. Potassii bromidi,
Chloral hydratis, āā grs.xx

and also gave chloroform by inhalation. The child, well developed and healthy, was delivered in a few minutes, and the placenta soon after, without trouble. The chloroform was stopped, and grs.xv of chloral given; the patient then went into a profound sleep, from which she was not aroused until about nine o'clock, when she was again taken with convulsions. Chloroform was again used, with the effect of keeping off the convulsions as long as the patient was profoundly under its influence, but as soon as it was withdrawn the convulsions returned, and the first prescription was resorted to again with good effect. As the patient seemed to grow worse instead of better, about twelve o'clock we determined to open her bowels, although the husband assured me that her bowels had been freely opened the previous evening. We administered oleum tiglii, gtts.ij, and repeated the dose in an hour. Neither having effect, about two o'clock we gave—

℞. Hydrarg. chlor. mit., grs. x
Pulv. jalapæ, grs. xx. M.

which, within six hours, brought away a large quantity of hardened, clay-colored fæces, which was shortly followed by a watery evacuation, and from this time she began to improve.

All that I have here said relates especially to the use of bromide of potash and chloral in convulsions. In each case the convulsions were effectually controlled by these remedies, while the chloroform was useful only so long as continuously administered. It is worthy of note, perhaps, that in each case the convulsions returned within five hours after the last dose, when first given, but did not return when the patient, by smaller doses, was kept for some twelve hours under the influence of the remedies.

In connection with these I desire to relate a later case where there was not convulsions.

November 25th, was called to see Mrs. G. She was complaining of intense occipital headache, eyelids puffed, feet and hands slightly swollen. I got this history: Eighteen months before she suffered her first confinement; just before it she was in, as near as she could remember, precisely the same condition that she was when I first saw her. She was suddenly taken with convulsions, and, notwithstanding the presence of three doctors, she had twenty-six convulsions, and was in labor nineteen hours before the birth of a dead fœtus, which had, however, reached full term. (She had several convulsions before either doctor arrived.) I prescribed—

℞. Spt. æther. nitrosi, f.℥ j
Potassii acetatis, ℥ j
Aquæ, q. s., f.℥ ij. M.

Sig.—Teaspoonful three times a day.

Also to take of tinct. ferri chloridi, gtt. xv, before meals, and, to keep the bowels freely open, comp. cath. pills.

I examined her urine and found some albumen. Did not test for urea. Was recalled the fifth day, and found her in the first stage of labor. She still complained of headache, but all the œdema had disappeared. Gave hydrate of chloral, grs. xx, and repeated in forty-five minutes. The labor progressed rapidly, and within four hours she was safely delivered, without an untoward symptom. She convalesced rapidly and was up doing her housework on the thirteenth day. Whatever may be the cause of puerperal convulsions, slighter cause is necessary to produce subsequent convulsions than to originate them, and, therefore, the preventive treatment is more likely to be successful than curative; hence, when there is the slightest symptoms of the approach of the terrible malady the free use of the above remedies are indicated.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAS. H. HUTCHINSON.

REPORTED BY GEO. F. SOUWERS, M.D.

Biliary Calculi; Heart Clot.

There would seem to be in the practice of medicine a singular fatality in the sequence of cases. That in practice a peculiar or rare case is soon followed by a similar case, is so common as to almost have passed into a proverb; and I have an illustration of this peculiarity to present to you this morning. Unfortunately, I was unable to bring before you in life the patients from whom these specimens were removed. I can, however, furnish you with the history of the cases, as recorded by Dr. M. B. Croll, one of the internes of the hospital.

The first case, the specimens from which I shall present to your notice, was that of L. S.

On admission to the house she gave the following history: she enjoyed good health until about six years ago, when she was suddenly seized with a protracted chill; this was shortly followed by the appearance of a deep jaundiced condition of the skin and conjunctivæ, though there does not, at this time, seem to have been any colic present. This discoloration never thoroughly disappeared, the skin always retaining a trace of yellowness. No other symptoms to alarm the patient had taken place till about six months ago, when again an attack of jaundice manifested itself. The jaundice at this time, however, was not very marked, probably owing to the extremely anæmic condition in which the patient was; the attack, however, was accompanied by great prostration of the entire system; so marked, in fact, was her feebleness, that at no time previous to her death, which occurred last evening, was I able to make a thorough examination; I, however, discovered that there was no tubercular disease of the lungs at the time of her admission. Over the heart a short, sharp, diastolic aortic murmur could be detected, but later this sound was not so distinct. The patient complained of no pain, and did not suffer much till about a week before her death, at which time persistent vomiting set in. This symptom we were utterly unable to control—hydrocyanic acid, the effervescing bismuth draught, and lime water, all failed to exert any influence over it. About two days before her death she suddenly became speechless and suffered great dyspnœa, though consciousness was perfectly good. Upon listening to the lungs, some days before her death, the inspiration was rather brisk, and at one point to the right of the sternum I detected a sound resembling friction; I concluded that there was at this point a small pleuro-pneumonic patch. Two days before her death she bled slightly from the gums and month, the bleeding recurring as fast as the cavity was cleaned out; I at first thought, from its resemblance to a case of aneurism that occurred in this hospital about a year ago, that possibly we might be dealing with this disease in addition to the other troubles under which the patient was suffering, but further examination excluded this. The urine was slightly albuminous. The post-mortem appearances in this case are interesting: the liver, on examination, is contracted, and so hard that at no point am I able to force my finger into it. It presents the appearance of the disease known as cirrhosis of the liver, the hepatic cells being in an atrophied condition, while the connective tissue is hypertrophied.

The common biliary duct is enormously dilated, and in it are two gall-stones, one of these stones being of the size of the largest-sized marble, or hickory nut, while the other is but little smaller. There has been some perihepatitis; the pancreas and duodenum are tightly glued together by inflammatory adhesions. The lungs are extremely anæmic; at one point a pneumonic state may be detected; there is, however, no pleurisy, the friction sound which was detected being due to a slightly emphysematous condition of the lung.

The kidneys, which should weigh from four to five or six ounces, weigh only three ounces. They are contracted, anæmic, and to the unaided eye have the appearance of being fatty, but this can only be determined by the microscope. You remember that a sharp, aortic, diastolic sound or murmur was heard in this case during life, over the aortic cartilages; there is in the heart some degeneration of the aortic valves; they are somewhat stiffened, and around them a calcareous ring has formed.

The apex murmur which was also present was purely functional. The kidneys are, of course, very much diseased. They are in a cirrhosed condition, as is generally the case when the liver is likewise affected, but I question whether the woman did not rather die of anæmia than of the condition of these organs. As to diagnosing the presence of gall-stones, it is frequently impossible; there is no sign or symptom that is to be relied on; the pneumonic condition of the lungs and the diseased state of the heart can readily be pointed out, but here our abilities end, and we must rather trust to supposition than to what we absolutely know and can prove. As to treatment in this case: for the kidney condition Basham's mixture was administered. We should have employed iron in some other form, such as the tincture of the chloride, but found it impossible, owing to the irritable condition of the stomach. Milk and brandy, with other stimulants, were administered, but while they were of use for awhile, they gradually lost their nourishing and stimulating effect, and the patient succumbed to the inevitable.

The other specimens were removed from the body of A. G., aged 35. This case was first admitted to the house on January 1st, at which time the following notes were made on the case. The family history good, except that one sister had died of phthisis. When a child she had measles, and at eighteen years of age an attack of pleurisy; she never had rheumatism, intermittent fever, winter cough, hæmoptysis, or night sweats; had never suffered from palpitation of the heart, nor been compelled to pass her urine during the night; with the exception of occasional abdominal pains, she had, in fact, enjoyed extremely good health; habits temperate. Five years ago she had an attack similar to the one under which she was suffering at the time these notes were taken. To quote from the notes further: for the past three months (previous to admission) she has been rather constipated and dyspeptic, although otherwise she was in good health. Five days ago she was suddenly seized with a severe pain in the right hypochondriac region, which was lancinating in character and lasted eight hours, when it subsided somewhat, but did not entirely cease; this continued, with less severity, for three days, when again she had another paroxysm, while washing clothes; she was obliged, from that time, to give up work and remain in bed, and in a short time jaundice appeared. We now, having heard her history previous to her admission, will see what took place afterward. On admission, the notes tell us that the patient looked well nourished, but while the conjunctivæ were slightly yellow and the skin dusky, yet there was no positive jaundice. About 8 P.M., of the eve of her admission, (January 1,) she had a paroxysm of pain preceded by a slight chill; this pain was "screw-

ing" in character, and so severe that she was almost doubled up; it lasted for about 2 minutes; there was also some nausea and vomiting. A hypodermic of morph. sulph., gr. ¼, was given, and during the night five grs. of pill. hydrarg. were administered, followed by a saline purgative. There was present a soft, basic, systolic murmur in the heart. The urine was acid, with a specific gravity of 1.035, dark and cloudy; no albumen or sugar present, while bile pigment and the urates were present in fairly large amounts.

On the 2d of January the bowels were freely moved, the stools being very light yellow in color; pain present in region of liver and tenderness on pressure; patient ordered half ounce liq. ammon. acet. three times a day; poultices over liver, as needed, to relieve soreness.

January 3d. Jaundice rapidly subsiding and pain diminishing.

January 4th. Is much better, although there is increased soreness in the right side.

January 5th. Examinations of the stools being made every day a gall-stone was discovered in her passages this morning. This consisted of a soft, yellow, granular substance, surrounded by a dark-brown, harder layer.

January 8th. Soreness in abdomen gone; stools natural in color; skin and conjunctivæ entirely clear; temperature normal during several days past.

		Resp.	Temp.	Temp.
Jan. 1, pulse	4 P.M. 72	20	99 3·5	8 P.M., 98
2 "	" 72	20	98	100
3			98⅖	98⅖
4			98	98⅖

On January 8th the patient was discharged, as she seemed to be getting along very well. On January 10th she returned to the hospital. Dr. Croll, the interne, has recorded the following notes: A. G. returned about half-past ten this morning, suffering great pain in the right hypochondriac region, and having the appearance of having suffered very much rather recently. She says that she began to suffer with a "squeezing" pain in the region of the liver yesterday morning, this pain being remittent in character, exacerbating about every hour. She said that she had suffered more severely than during previous attacks, but she had become more easy, and in the remission had come to seek re-admission into the hospital. She had been attended at the house at which she was visiting by two physicians, who had evidently ordered her some purgative, as her bowels had been opened at nine and again at ten o'clock. She had, on admission, the appearance of having suffered severe pain, and seemed very weak and anxious. After being put to bed she was ordered, hypodermically, eight minims of Magendie's solution, and a poultice over the abdomen. In the course of the afternoon she appeared more comfortable, but when the evening visit was made she felt slightly sorer over the region of the liver; another eight minims of Magendie's solution, hypodermically, was ordered, and another poultice applied. Her temperature upon admission was 102¼; in the evening temperature was 100, pulse 130, respiration 30. Between 7 and 10 P.M. she was very restless, and sometimes threw off her clothes; she was decidedly anxious. At 10 P.M. her pain seemed easier, but her hands and feet were cold; the pulse and respirations were as in the early evening. She seemed worried and anxious, and to insure a good night's rest five minims of Magendie's solution were administered, and hot bricks were applied to her feet. She then turned over on the right side and seemed better satisfied, although she was still somewhat anxious, saying she would die. At 10.30 P.M. she was found in the same position, with scarcely any pulse or respiration, the mouth being widely opened, the face and neck being cyanosed; bowels had not been opened; the urine was not examined.

The post-mortem appearances are before us. The heart is nearly normal; the left ventricle is contracted; the right ventricle contains a chicken-fat clot, extending from the auricle. The kidneys are slightly congested. The liver shows marks of inflammation in different parts; the hepatic veins and biliary ducts are distended; the cystic, hepatic and common biliary ducts are distended; and about half an inch from the duodenum a gall stone is present; the walls of the duct are greatly thickened; the gall bladder is distended, and contains two gall stones, of irregular cubic shape, with sides about a quarter of an inch in length. In this case death resulted, undoubtedly, from the position of the clot, and her dying suddenly was caused by the clot interfering with the working of the valves.

Stimulants would be about all that could be used in such a case, but stimulants, like other remedies would, under the circumstances, probably be of little use.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK.

Surgical Clinic of J. Williston Wright, M.D.; Professor of Surgery.

Hernia.

The first case, gentlemen, is a little child, two years and two months old, by the name of W. L. When the child was eight or nine months old the mother noticed a little lump in the private parts. On examining it, it looks like two or three different things; it looks like a hernia, it looks like a hydrocele. In order to determine just what it is we lay the little fellow down on his back. Now, if that were hydrocele of the tunica vaginalis it should be transparent, but I do not get any light through it at all; on the other hand, taking hold of it, feeling of it in this way, I can trace the tumor directly upward through the external abdominal ring; going on in a direction upward and outward I can trace it to its end, which corresponds to about where the internal abdominal ring ought to be. Now, taking hold of that with my fingers, it does not feel like a collection of fluid, as a hydrocele would, but I can feel the testicle down here; I have it now between my fingers, and above that there is a more or less solid feeling mass. I suspect the case before us is one of inguinal hernia, and I presume that a little pressure on the part in the direction of the neck of the

tumor will produce immediate reduction. Having done so you see the tumor has entirely disappeared. There is nothing left in the scrotum but the testicle, we having disposed of all this elongated mass running up toward the external and internal rings. It is certainly a complete inguinal hernia which has been reduced by crowding it back into the abdominal cavity. I find the external ring is larger than it should be, and I presume the internal ring is in the same condition.

The treatment of the case is simply to put on a truss, having the pressure pad come directly over the internal ring so as to prevent the hernia from coming through the internal ring. With a child at this age, if the truss is well applied and the pressure kept up constantly for a number of months, possibly for a year or two, we may have a perfect cure of the case by that means alone. This is the result which we often get in children with a hernia of that kind.

The hernia comes down very easily. I presume that if I put the child on its feet a few minutes, it will come down the same as it has before. There, you notice the hernia has come down again; I cannot reduce it as easily as I did before, because the child is standing up; it slips back with a little gurgling sound, but with more difficulty than when he was on his back. Have a truss made for the little fellow, put it on him, and have him wear it all the time.

Necrosed Finger.

1. This is a patient upon whom we operated two weeks ago; made a resection of the middle joint of the middle finger. The case is progressing very favorably. Last week he was here, and the wound was discharging pretty freely; now it is discharging very little; it has cleaned up, as we say, very much, the past week; the edges of it are already beginning to cicatrize—the edges of the old cavity where the discharge was before the operation, are beginning to cicatrize—and everything looks as favorable to-day as possible. I will take off the splint and see what condition the finger is in. We have some shortening here, as we would naturally expect, notwithstanding there has been a little extension made on the end of the finger nearly all the time, until the last dressing was put on. You see the finger has come down into a pretty straight condition. It is a little shorter than the ring-finger, instead of being half an inch longer, because of the piece of bone we took out, but this shortening of the finger is of little moment, however, so long as we can save the finger and make a useful member of it. I do not wish to make much passive motion yet, but you can look at the wound and see the process of repair.

2. We have a patient under ether, gentlemen, about twelve years old, I should judge. The history is, that five weeks ago he began to have trouble with the end of the index finger; it began to swell, became very painful, and finally a little abscess formed, projecting upon the surface, which was opened by making a very superficial cut through the fluctuating point. It discharged pretty freely, but has not gotten well, and he comes here now with a finger enlarged, club-shaped on the end, twice or three times as large as the end of any of his other fingers, larger than his thumb, with the remains of this old cut in the end of it, and pus welling up from the bottom of that cut. Now, I do not know what the condition is here, but I suppose that this child has had what we call a felon or a whitlow, and I suppose he has, in consequence of not having an earlier opening made, a piece of dead bone; the distal end of the last phalanx is probably in a state of necrosis. That is only an inference, which I propose to test the correctness of by operating. I introduce a probe here, and find out about the condition of the bone first. I find that there is dead bone at the bottom of the wound, more or less loose; I can pass the end of the probe all around it; it is rough, like dead bone. I simply put an Esmarch bandage on the finger and remove that dead bone. We will make another little resection, so to speak. The usual method of doing it on the distal phalanx is, to make a U-shaped incision, the arms of the U running down on the sides of the finger and the bow part of the U on the extremity; but here we have a cut in that direction which is already open, and I shall make use of that cut in making resection; simply enlarge it and dissect the parts away from their attachment to this dead bone, whatever it may be, and probably take out the whole distal phalanx down to the joint, for I presume it is all dead. Then, by bringing these soft parts together with a little strapping, laterally, and afterward putting on a pasteboard, or India rubber splint, we shall probably be able to save him a nail, making his hand look much more natural than if we made an amputation through the last joint of the finger. The bone is perfectly loose, lying there without any attachments at all. [Removes it]. That is all there is left of it; part of it is gone; it has been broken down by a carious condition, the edges of it gradually dissolved away. I find nothing else in the wound, which is perfectly clean, and will probably get well now without any difficulty, simply because we have taken away a little substance which was acting as a foreign body. There is a little bleeding, but the application of a bandage over it will be sufficient to stop that.

Fracture of Ulna.

M. R., forty-eight years of age, was hurt last Monday a week, by the stroke of a club. "The club made for my head, and I put up my hand and caught it on the back of the arm; the club did not hit my head."

We have here, in the first place, what is called ecchymosis—a lot of dark-colored patches over the surface of the arm. It does not pain him until I "bruise" it. What would you expect to take place, gentlemen, when a man puts his arm up in that way, to ward off a blow from his head? Fracture; that is what I suppose we have here; I suppose we have fracture of the ulna. When I took hold of the arm I heard a grating sound, which I should take for crepitus. To determine that I feel, in the first place, for any irregular prominence in the bone. When I come to this point, where I found a sensation of crepitus—a grating sound, as though the rough end of a bone slipped over another rough end—I get the deformity; that is, there is enlargement here, quite a

thickened mass over that point. Now, I told you yesterday morning, when speaking about fractures, that in fractures which are the result of external violence direct, as where a man is struck with a club, as this man was, you will always have the fracture primarily at the site of the stroke, not away off somewhere else, as you get from indirect violence, as when a man jumps out of a window and strikes on his feet. Here is a man who was struck on the arm with a club, and it has evidently fractured the ulna; I can move the ends of the broken bone, one upon the other, and get that sound which is called crepitus. Let us see about the radius. It is not very likely that the radius would be broken from such a blow as that, still it is proper for us to examine it and make sure. I find that it is perfectly sound, but this other one, as the patient says, keeps "rattling." Every time I bend the arm I get a sensation of crepitus.

Now, we have here two bones, one broken and the other sound; remember that this sound bone acts as a splint to the broken one to a certain extent; still a splint must be put on to compress these muscles down into the inter-osseous space between these bones and keep the fractured pieces as quiet as possible. The splints we have here are hardly as wide as I should like for this purpose. I should like to have them wider than this man's arm up here when the muscles become flattened out in that way; otherwise the strap which is put around draws right across the skin, and is apt to make it sore; besides that, I do not thing it does as much good, because it does not exert pressure at all in the direction between the two sides of the inter-osseous space, where we want it. We want the arm flattened as much as possible by the use of these splints. The arm should be carried bent at the elbow, with the thumb up, midway between pronation and supination, and carried in a wide sling, from the elbow to the hand. He wants to know how long it will be before he can work. It will probably be four weeks, to say the least, before this bone grows together so that he can use the arm; possibly five or six.

Epididymitis and Hydrocele.

This man's name is P. F., forty-eight years of age. He says that two weeks prior to last Saturday he had a discharge from his penis; the penis began to "run;" and he gives the additional history that twenty-five years ago he had a discharge; that he did not have it again until five years ago, when it returned; he did not have it again until about three weeks ago. Are you a married man? "Yes, sir." Are you a man that is in the habit of going out with other women at all? "No, sir." When you had this attack twenty-five years ago were you married then? "No, sir." He says he got this thing from going with strange women. How long have you been married? "Twenty-one years." And since that time you have been perfectly honest? "Yes, sir." He says it pains him to pass his water, and he cannot make much; he was able to pass a good stream of water a good distance away from him. But now the stream is small. On making physical examination you see the testicle is about four times as large as it ought to be, very tender to the touch, feeling perfectly solid all around the base of it, except just here there is a place where there is a slight sensation of fluid—fluctuation; letting the light shine on it, the most that I can get is a little transmitted light through the top, over a space about as large as a quarter of a dollar; the rest is all dark and very hard. Here is another patient where, on the other hand, by stretching the scrotum in this way, and putting my hand in front of it, so as to make the light shine through it, I can see through the whole of the tumor; it is translucent; the light shines through it very much as it does through a thin piece of pine. He has had this trouble seventeen years. It is a case of hydrocele, a quantity of fluid in the tunica vaginalis.

Although these two cases resemble each other somewhat in their appearance, the first is a case of epididymitis—inflammation of the epididymis, probably, more than of the testicle itself. And I say that because the patient has a discharge from his urethra, which, if not recent in its origin, the result of impure connection, is in all probability due to some strictured condition of his urethra, some old chronic inflammation, the remains of early indiscretion. He has an acute attack now, set up in his urethra, and as very often happens in these cases, there has been an extension of the inflammatory action down into the testicle, or into the epididymis, and we have now acute epididymitis.

The treatment of this case consists in putting the man on his back, if possible, covering this swollen testicle with an evaporating lotion, or, what feels better to a great many of them, a warm poultice pretty thoroughly saturated with an opiate—laudanum; a good many of these cases in the acute stage, are very much benefited by putting two or three leeches over the upper part of the spermatic cord—not at the scrotum, for we do not like to put leeches on to a tissue of that kind, as we should probably get infiltration of blood; we, therefore, put the leeches up here, where the cord goes through the external ring. In that way we get rid of the acute stage of the disease. Then the whole thing ought to be strapped with adhesive plaster, making a little pressure on it, and in a short time the swelling will all go down.

The case of hydrocele requires, for temporary relief, that this tunica vaginalis should be punctured with a small needle of an aspirator, and the fluid drawn off; that will give him temporary relief. But if he prefers what we call a radical cure, then in addition to drawing off the fluid, we must inject the sack with something which will set up an inflammation which we call adhesive; iodine may be used; some surgeons prefer to use it pure; others, diluted with water or alcohol; some use port wine. Almost any substance which will produce sufficient irritation to give adhesive inflammation. That is all the treatment that this case requires.

—Up to the close of January there had occurred in this city, this winter, 98 cases of smallpox, with 17 deaths, and 7 cases remaining under treatment.

Editorial Department.

Periscope.

On Gastro-enteric Catarrh.

In the Dublin *Medical Journal*, Dr. Grimshaw describes this peculiar disease, not infrequently taken for typhoid. He says: This disease is quite common in Dublin, and I invariably meet with a considerable number of such cases in cold and damp seasons. During the progress of the debate on Dr. Cameron's paper, I had several such cases under my care, and I requested my clinical clerk to carefully record a few, from which I have selected the two following, as typical examples:—

Case I.—W. P., aged 19, constable R. I. C.; first seen May 18, 1879; had felt out of health for previous three weeks: got suddenly worse on May 17, when he had a shivering fit. Admitted on the evening of the 18th of May, when he had headache, furred tongue (white), constipated bowels; no history of previous diarrhœa. Pulse 114; temperature, 103.4° There was no tenderness of the abdomen in any part, and no rash of any kind.

His range of temperature was as follows:—

	Morning. Deg.	Evening. Deg.
May 18	—	103.4
" 19	102	101.4
" 20	101.2	101.2
" 21	100.4	101.8
" 22	99	101.4
" 23	99	100.2
" 24	99.4	99.6
" 25	98.4	98.5
" 26	Normal.	

The treatment of this case consisted in the administration of six-grain doses of quinine every third hour, and mild purgatives to act on the bowels.

This patient, after a few weeks' absence, returned to the hospital with a similar attack.

Case II.—R. W., aged 19, constable R. I. C.; first seen May 21, 1879; stated he had not felt well for some time before admission, having had attacks of cold and sore throat. On the day before admission he had a rigor. On the evening of the 21st his symptoms were: Hot skin, quick pulse, furred tongue, temperature in axilla, 102°, taches bleuâtres on abdomen. There was no abdominal tenderness or gurgling on pressure, no history of previous diarrhœa, and no rose spots.

His range of temperature was as follows:—

	Morning. Deg.	Evening. Deg.
May 21	—	102.8
" 22	98.8	101.6
" 23	99	101.3
" 24	99	98.8
" 25	98.6	98.6
" 26	Normal.	

This case was treated in the same way as case I.

These cases are, as I have stated, typical examples of ordinary gastro-enteric catarrh; they both occurred in constabulary patients from the barrack in the Phœnix Park, where there were a number of similar cases at the same time, but no case of enteric fever. Moreover, there had not been any cases of enteric fever among the men stationed in the Park, for a considerable time. Many cases of this disease are of a much more severe character, especially when the catarrhal inflammation extends to the large intestine, and is accompanied by diarrhœa. I am quite aware that this disease is fully described in many of our text books, but latterly it seems to have been overlooked, and many such cases have been called "gastric fever," which term is so frequently used to mean *enteric fever* that it appears to me that the number of cases of enteric fever have been much exaggerated.

The Physiological Effect and Therapeutic Value of Sclerotinic Acid and Sclerotinate of Sodium.

Dr. W. Nikitin, in *Würzburger Phys. Med. Verhandl.*, xiii, reports the results of some experiments performed by himself under the guidance of Prof. Rossback, with sclerotinic acid, on cold and warm-blooded animals.

He found sclerotinic acid in the urine of the latter two hours after having injected it subcutaneously, but no trace of it after forty hours. Half a grain of the acid injected into his own arm produced a sharp, biting pain at the point of injection, with a feeling of warmth over the whole arm, which symptoms disappeared entirely within thirty-six hours. An injection of sclerotinate of sodium produced the same sensation, which, however, disappeared in a few minutes.

He found that three-quarters of a grain of either the acid or the salt, administered to frogs, and eight grains to warm-blooded animals (he does not specify), would produce general paralysis, while the smallest doses which proved fatal was for frogs 1½ grains, for kittens 4½ grains, and for rabbits 12 grains. The fatal doses of the sclerotinate of sodium was, for kittens 12 grains, and for rabbits 15 grains. The bodily temperature fell almost immediately after the injection of fatal doses from 1–3° C. (1⅘–5⅖ Fahr.), and remained low until death took place. The pupil contracted gradually during the paralytic stage and immediately before death.

After death the brain and spinal cord were found to be anæmic, while the lungs and intestines were congested, the bladder distended with urine, and the gall bladder likewise full.

From these experiments the author concludes that sclerotinic acid possesses all the virtues of ergot. The effect of the sclerotinate of sodium is similar to that of the acid, only somewhat less powerful. The effect of both is principally directed to the central nervous system. Frogs are very susceptible to the influence of sclerotinic acid, and among the warm-blooded animals the

carnivora are more susceptible than the herbivora. The reflex excitability is completely destroyed in cold-blooded animals, while in the warm-blooded it is only diminished. The excitability of motor nerves is, however, in no way influenced, and the striped muscular fibres remain intact. The heart's action is lowered in the cold-blooded animals, while in the warm-blooded it remains unchanged. The blood pressure sinks after smaller doses only temporarily, but after larger doses permanently. The frequency of the respiratory movements is gradually diminished, until they cease altogether, before the heart ceases to beat. Both preparations invariably produce contractions, both of the gravid and non-gravid uterus, and existing contractions are always increased. He has never observed any poisonous effect on the fœtus. The fatal doses for man would probably, according to the author, be from ʒ iiss to ʒ iij. The advantage of these preparations over ergot, for therapeutical purposes, is that they are not affected by age, provided they be kept in a dry place; they should not be kept in solution. The author regards the sclerotinate of sodium as most suitable for internal administration.

Poisonous Action of Copaiba.

The following instructive case is given in the *Canada Medical Record*, by Dr. C. A. Wood:—

A short time ago I was consulted by A. B., aged forty-two, an American, of spare habit, for a gonorrhœa which he had contracted. As he was subject to dyspepsia I felt some hesitation about giving him copaiba, as I did not wish to derange his stomach. However, after treating him for some time, and finding that the discharge did not diminish to his satisfaction nor to my own, I prescribed, in a mixture, twenty drops of balsam copaibæ, to be taken three times a day, warning him, at the same time, that he must discontinue the remedy the moment he noticed any dyspeptic symptoms, and that I must see him as soon as he finished the first bottle. I did not see him again until ten days afterward, when I was sent for to attend him at his place of residence. On my arrival he told me that the first bottle "had done him a world of good," and that he had got a second bottle, which, for the preceding four or five days, he had been taking in double doses, with the view of getting rid of his trouble still more quickly. The night before I saw him he had been seized with violent headache, which lasted during the night, and did not diminish until ten o'clock in the morning.

He had also had some vomiting, was still suffering from nausea and anorexia. His tongue was coated, the temperature 101.5°, pulse 106, and there was a roseolous rash on his face, hands and chest, which was attended with tingling and itching. His bowels had moved several times during the day: the motion on each occasion being accompanied by pain, and there was slight strangury. I prescribed twenty grains of chloral and an equal amount of bromide of potassium in a draught, which gave him some sleep. At 5.30 P.M., the cephalalgiæ returned with increased intensity, and I was obliged to administer a hypodermic injection of morphia to relieve the pain. During the night the patient was several times delirious, and the headache was only controlled by a mixture of liq. morphiæ and spts. chloroform; the chloral mixture being of no use whatever. Next morning there was a lull in the pain; but at 5.30 P.M. a second exacerbation set in; the headache became intense; the delirium was frequent, and the fever ran high. I was struck with the periodical character of the headache and fever, and learning that he had had intermittent fever in the West a few years ago, I thought it advisable to order the patient twenty grains of quinine, to be divided into four powders, and one taken ever hour until the headache was relieved. The good effect of this remedy was apparent after the first dose, and by the time the third powder had been taken the severe pain in the head left, the fever fell, and the patient slept during the remainder of the night. The next day another powder was given at 4 P.M., and still another at 5 P.M., and there was no return of the headache. In a few days he was out of bed. The strangury, nausea and diarrhœa gradually disappeared, but the rash persisted for a long time. This was undoubtedly a case of poisoning by copaiba, and the state of the patient's digestive organs probably hastened the toxic effect of the drug. Whether intermittent headache, fever, etc., are ever features of copaiba poisoning or not I have been unable to discover; if it were so, I imagine it would be difficult, in this instance, to place a proper value upon the fact of the patient having had ague. It would not be an easy matter to say positively whether the periodic symptoms were due entirely to the copaiba, or whether they could be referred to the previous attack of malarial poisoning.

Cold and Hot Water in Post-partum Hemorrhage.

Dr. Lombe Atthill says (Dublin *Journal Medical Science*) that in the lying-in hospital of Dublin this method has been adopted as a regular routine treatment.

The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—*i. e.*, 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:—

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

2d. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed and anæmic women, hot water may at once be injected, without previously using cold.

4th. In cases of abortion, where from uterine

inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.

The Audiphone and Dentaphone.

Dr. Chas. S. Turnbull, of Philadelphia, describes these instruments, in the *Archives of Otology*, as follows:—

"The 'audiphone' (Fig. 1) consists essentially of a diaphragm of hard rubber. This diaphragm is very thin and elastic, and is cut in the form of a square with rounded corners, so as to present a collecting surface about one square foot in size. For purposes of convenient adjustment, it is furnished with a neat hard-rubber handle, and might easily, says the inventor, be taken for a fan of Japanese pattern. When in use the upper and lower edges are made to approximate by a silken cord, so as to present a convex surface to the speaker and a concave one to the listener. The cord may be fastened at any convenient convexity of the surface of the auditory disk. When adjusted, the upper edge is pressing firmly against the anterior surface of the upper incisors, allowing the upper lip to rest upon the diaphragm, and the deaf person is then ready to listen." If the eye teeth can be used, they generally give the best results. False teeth may also be used, especially if they fit tightly; should they not, however, they may be made to do so by pressing the lower teeth against them. If the natural teeth be too far gone to be used as directed, the ropts may in many instances be utilized by having artificial teeth set into them. The handle of the audiphone should be held lightly, and the lower teeth should not touch the diaphragm, nor should it be held between the teeth or pressed too forcibly against the upper ones, thus curving the instrument already bent by the cord. It must be borne in mind that in all cases the vibrations of the upper edge of the disk impart to the upper teeth the sound waves, which are transmitted through them to the cranial bones and auditory nerves.

The audiphone, therefore, is entirely dependent upon the condition of the auditory nerves, because in direct proportion to the inherent power of these nerves—independent of the external and middle ears or acoustic apparatus—is the influence which this and all similar appliances will exert over the hearing power. * * * *

Absolute nervous deafness, which is comparatively rare, is in no way whatever benefited by the application of the audiphone.

This deafness is caused *by direct implication of the auditory nerve*, through malignant, scarlet and typhoid fevers, cerebro-spinal and other forms of meningitis, tertiary syphilis, cerebral tumors, trauma, consanguinity, hereditation, old age, etc.

Profound acoustic deafness, which is likewise comparatively rare, is markedly, and in some cases signally, relieved by the use of the audiphone.

This deafness is caused through *direct implication of the middle ear* (or conducting apparatus) and its appendages, through the several forms of catarrhal and purulent inflammations, scarlet and typhoid fevers, secondary syphilis, trauma, consanguinity, hereditation, old age, etc.

Those who are *partially* deaf, from whatever cause, as a rule, derive no benefit from the application of the audiphone; on the contrary, many such cases are annoyed by hyperacusis, etc.

Therefore, the number of cases in which "the deaf are made to hear" with the audiphone is comparatively small, when we take into consideration the whole number of our deaf population. Audition will be improved by its use in but few of the many deaf persons who enlist the service of an aurist.

To use the audiphone with success the auditory nerves must be normally sensitive, the hearing power for loud voice, through middle ear deafness, must be reduced to a minimum, and the upper front teeth must be solid. The acoumeter, the tuning fork, a thin sheet of vulcanite, of iron, of ash or poplar wood, and best of all, a sheet of bristol board or sized paper, will in every case enable us to decide whether the audiphone or its principle can be successfully applied.

Concerning *absolutely deaf mutes* and the audiphone, we need say nothing further. They must be left to the patient teachers of the several methods of educating the true deaf mutes.

To the *semi-deaf mutes*, however, the audiphone will open a new world of enjoyment, and prove a useful instrument, especially in the hands of all instructors in our asylums for the deaf and dumb, in educating children according to Bell's method of visible speech; especially as very few even of those who are supposed to be born deaf are totally without some slight degree of hearing power; hence, nearly all of those educated in the asylums may be taught to speak, inasmuch as their dumbness is owing solely to their want of use of the organs of speech. "Mutes," says the inventor, "will learn to speak by holding the audiphone against the teeth, as already directed, and practicing speaking while it is in this position." It is a good exercise for the mute, at first, to put one hand on the instructor's throat, watch the motion of his lips, while his other hand is on his own throat, the instructor meantime holding the audiphone to the mute's teeth. The mute will *feel* the influence of the sound in his hand on the instructor's throat, imitate it in his own throat, will *hear* the speaker's voice on the audiphone, and will be aided in imitating the speaker by *seeing* his lips, and will also *hear* his own phonation sounds as reflected from the audiphone, and the more readily, therefore, learn to articulate.

Music, its varying sounds and harmonies, as conveyed by means of the audiphone, awakens

in the semi-deaf mutes an unusually pleasurable sensation, as manifested by their gesticulations and facial expression.

Under the pretext of being a fan, the instrument can seldom be used, and, being cumbersome and conspicuous, is open to the same objections as the ear-trumpet.

The "Dentaphone" is a novel instrument of the same practical application and acoustic principle as the audiphone, but constructed more after the plan of the telephone.

It is represented by Fig. 2, and "consists, in brief, of a chambered box (similar to a telephonic mouthpiece) in which is secured an exceedingly delicate, easily vibrating, diaphragm. Connecting this with a wooden toothpiece is a silken cord of variable length. The person using the dentaphone simply holds the instrument receiver in his hand, in any convenient position, with the tooth-piece between the teeth, and the open side of the receiver facing toward the speaker. The silk conducting line connecting the receiver with the tooth-piece should be kept moderately tight, and may be shortened or lengthened to suit the convenience of the person using the instrument."

The dentaphone weighs but one ounce and a half, and can easily be carried about the person. In testing the instrument, it compares most favorably with the audiphone, and answers fully as well for all requirements.

It is used for precisely the same class of cases as are improved by the audiphone, and bids fair to be a powerful rival.

Concerning an appropriate or descriptive name, we would prefer the term "Dento-Audiphone," and recommend the substitution of fans (made of thin, elastic wood, "bristol" or "binder's board," which are to be held between or against the teeth, and bent into a curve by pressure from the handle toward the teeth.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Parts ix and x of the "Atlas of Histology," by Dr. E. Klein and Mr. E. Noble Smith, give the microscopic structure of the thymus gland, the lymphatic vessels, the teeth, the salivary glands, the oral cavity, pharynx, œsophagus, and stomach, the intestines, pancreas, trachea, bronchi and lungs. The plates are, if anything, finer and more delicate than in the preceding parts. Every histologist will be more than satisfied with the work. It is a *chef d'œuvre*. For sale by J. B. Lippincott & Co., Philadelphia.

——Parts v and vi of the "Photographic Illustrations of Skin Diseases," by Dr. George Henry Fox, give us faithful representations of eczema and psoriasis. The descriptions are clear, the points of diagnosis well put, and the directions for treatment ample, and drawn from large clinical experience. The coloring of the photographs is extremely life-like, and they can be recommended as most instructive. Published by E. B. Treat, 805 Broadway, New York city.

——The latest of the American Health Primers, edited by Dr. W. W. Keen, is entitled "Brain Work and Overwork." It is by Dr. H. C. Wood, and while it is the shortest, it is one of the best, of the series so far issued. Exception may be taken to several statements made very positively on questions still held under doubt by most neurologists. This apart, the style is agreeable, and there is a quantity of instructive hints in it. The series is now published by Mr. Presley Blakiston, 1012 Walnut street, Philadelphia.

BOOK NOTICES.

The Student's Guide to Diseases of the Eye. By Edward Nettleship, F.R.C.S., &c., with 89 Illustrations. Philadelphia, H. C. Lea, 1880. Small 8vo, pp. 369.

The aim of this small work is stated by the author to be "to supply students with the information they most need on diseases of the eye, during their hospital course." About 50 pages are occupied with directions for the examination of the eye; about 250 pages with diseases of the eye proper; and the remainder on such diseases in relation to those of the general system. The list of authorities given by the author embraces the usual standard works on the subject, and in making the condensation he has attempted to preserve as much fullness as is consistent with the size of the volume. In this he has succeeded in some parts better than others, but on the whole, to a satisfactory degree. His discussion of color-blindness is rather superficial, and his description of the ophthalmoscope and the practice of ophthalmoscopic examination is so condensed as to give the impression of obscurity in places. The illustrations which are scattered through the book are necessarily small, but are generally well cut and well printed. No doubt, to many besides students, this manual will prove very convenient.

Pharmacographia; A History of the Principal Drugs of Vegetable Origin met with in Great Britain and British India. By F. A. Flückiger, etc., and Daniel Hanbury, F.R.S., etc. Second edition. London and New York. Macmillan & Co., 1879. 1 vol., half sheep, 8vo, pp. 803.

When the first edition of this work was published, it was at once recognized as the produet of very great labor, guided by the most thorough scientific spirit. It is a monument of industry and sound judgment. Its field is clearly defined. Taking up the drugs of vegetable origin only, it discusses them from a purely botanical and historical standpoint; it does not enter into their pharmaceutic, still less into their therapeutic or economic uses. Having given the synonyms of a drug, the authors proceed to discuss its botanical origin, history, and description as it occurs in the trade, microscopic structure, chemical composition, commercial importanee, and, briefly, its uses. Where substitutes for it are known, and where adulterations of it are prevalent, these are mentioned.

In this manner all the representatives of the vegetable materia medica are discussed. The accuracy and extended researches of the authors are remarkable; we know of no work on the subject equal in this respect. It is to be regretted that since the publication of the first edition Mr. Hanbury has passed away from his instructive labors; the present edition, brought out under the supervision of his associate, has been carefully revised, and a number of additions made from the most recent works and papers on materia medica. It contains descriptions of most of the lately introduced vegetable remedies, though we have noted the absence of several which we had expected to find mentioned.

On Loss of Weight, Blood Spitting and Lung Disease. By Horace Dobell, M.D., etc. Second edition, revised, enlarged and annotated. London, J. & A. Churchill, 1880. 1 vol., 8vo, cloth, pp. 306.

Few readers of medical literature in America are unacquainted with the writings of Dr. Dobell. The series of works he has either produced or edited, chiefly upon thoracic diseases, have made his name familiar to the profession of both continents. He is remarkable for painstaking accuracy of observation and for thoroughness in working up results. Nowhere are these traits more conspicuously shown than in the work before us. It takes up a few of the prominent symptoms of a leading class of lung diseases, and seeks to estimate with accuracy their diagnostic and prognostic value, their pathological relations and therapeutic significance. As is usually found in Dr. Dobell's works, questions of treatment occupy a prominent place. In this he is in favorable contrast with many medical writers, those who seem to think that pathology and diagnosis are the principal matters for the physician to look to, while the fate of the patient may be safely left to "the efforts of Nature." Fortunately, a majority of practitioners still decline to follow this doctrine, and it is gratifying to learn from the book before us (page 136), that, through Dr. Napheys' *Modern Medical Therapeutics*, Dr. Dobell's most excellent combination for checking pulmonary hemorrhage has been introduced into the principal hospital in Havana, as the standard house mixture in such cases, with the most satisfactory results.

The author not only gives large extracts from his own clinical experience, which has been very extensive, but he adds the opinions and views of very many other leading authorities on the subjects of which he treats, endorsing or questioning them, as his own observation leads him to agree or disagree. The last chapter, on the relation of disorders of the liver to lung disease, is entirely new, and is of great interest in this country, where hepatic complaints are of considerable frequency.

A Manual of the Practice of Surgery. By W. Fairlie Clarke, etc. Revised and edited by an American Surgeon. New York, Wm. Wood & Co., 1879.

In the Reporter for January 31, page 102, we noticed the republication of this work by G. P. Putnam's Sons. It now appears as one of the volumes of "Wood's Standard Library." We expressed our opinion of the merits of the work on the page referred to. The (anonymous) American editor has in a measure corrected some of the omissions and oversights we alluded to; while he has left a number which also should have received attention. We must also add that in his preface he is rather disingenuous in one particular; he announces that "many new woodcuts have been added," but says nothing of how many have been subtracted. In point of fact, the Putnam edition has 190 woodcuts, while the Wood edition has but 168. Mr. Clarke's work would have been better for a thorough revision, including the re-writing of several of his chapters, and the introduction of more complete descriptions of new appliances.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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LEGISLATION ABOUT QUININE.

Cheap and good sulphate of quinine is the wish of every intelligent physician. The value of this alkaloid is simply incalculable. None of the many substitutes suggested can approach it in efficacy in real, malignant, miasmatic fevers. Without it, the suffering of the race would be vastly increased, and the death rate sensibly rise.

How to have it cheap and good has very properly engaged the attention of physicians and statesmen. Their motives have been excellent, but their measures ill-considered and ignorant. Last spring quinine was placed upon the free list, as all our readers know. In the last half of 1879, there was a material reduction in the price of the drug. Was this attributable to the repeal of the duty? Far from it. In a statement prepared by the American manufacturers, they very justly point out that, while this repeal may indeed have had some slight influence, the real and main reason for the decline was the unusually small fall consumption in the United States, and the cessation of the war in Europe, causing an accumulation of cinchona barks in New York and London, and a consequent fall in prices of this crude material of about 25 per cent. It has been stated that, within the memory of our older druggists, a period so exempt from malarial disorders in our western country as that of the fall of 1879 has been unknown. Large quantities of foreign quinine, sent here soon after the repeal of the duty, were pressed upon a market already overstocked, considering the slight demand. This naturally led to a decline in price, which would have occurred, even though the duty had not been repealed. The value of all commodities is controlled by the great law of supply and demand.

Since January 1st, 1880, the price has increased about 40 cents an ounce, with a strong probability of a further rise.

It is needless to say that the American manufacturers were greatly displeased at the repeal of the duty; and the pharmacists throughout the country mostly sympathized with them. Thus the Western Druggists' Association, composed of the most extensive sellers of quinine in this country, at their meeting in November last, passed resolutions declaring that—

"The quinine bill, as passed, was in violation of all sound principle, and there should be no delay in passing, at the opening session of Congress, a supplementary law giving to American manufacturers of this important article the relief and protection imperatively demanded."

As we pointed out at the time, the bill was a most unfortunately framed one, put together by provincial physicians who knew nothing, apparently, of the method of manufacturing quinine, and hence were unable to frame a bill to attain the very desirable object they had in view. Nor were they willing to be enlightened. They avoided free discussion, which is the only mode of attaining accurate views. Hence, they fell into the blunders we have more than once pointed out. The bill they passed repealed the duty on the manufactured article, and allowed the duty to remain on the materials out of which it is made, thus making a most ruinous discrimination against American manufacturers. A duty of $2 per gallon is imposed on fusil oil, a duty of

one-fourth of a cent per pound on soda ash, and a duty of 10 per cent., *ad valorem*, on East India bark when bought in Europe. There is also a tax of 90 cents per gallon on distilled spirits. All these articles enter into the manufacture of quinine, and they are heavily taxed, while the manufactured product comes in free of duty.

The consequence of this silly legislation will be to force American manufacturers to cease making quinine, and then supplies would have to come exclusively from abroad. As it would be impossible to provide for so uncertain a demand as attends the article in this country, speculators would ask excessive prices in times of scarcity; consumers might receive quinia of doubtful purity, and might fail to secure an adequate supply when most urgently needed.

In case of war the country would seriously feel the loss of the home manufacturers, who have for many years been accustomed to hold large stocks of bark, as well as of the finished product, feeling committed to meet the requirements of the country; and they have usually succeeded in so doing, even at times of sudden and serious outbreaks of malarial fevers.

There is no doubt but that this danger is imminent.

It is most important that the manufacture of quinine be retained in this country; it is also most important that the drug shall be cheap. To accomplish the first the manufacturers ask a protective tariff; we doubt its propriety; we do not believe it necessary; we think it would favor monopoly and make quinine dear. What should be done? Rather allow manufacturers a drawback on all duties and taxes levied on articles used in its manufacture, give them every facility to manufacture cheaper than any other nation, and encourage, if need be, the formation of new firms to carry on the business. The importance of the subject justifies special legislation. Let us have it. It might be worth consideration whether a Government manufactory should not be projected. Quinine is as essential to an army as ordnance. During the war the Government Laboratory did excellent service. But, apart from that, the haste to legislate back the duty would not prove satisfactory. More or less should be done; and whatever is done, let it only be after full and fair discussion, and not by a parliamentary trick and in ignorance of facts.

Let us not repeat the errors which have already been committed in this matter; and to avoid them let us have no concealment.

Notes and Comments.

Therapsutical Notes.

CHLORIDE OF ZINC IN NASAL POLYPUS.

M. Richard, of Paris, in a recent paper, gives a case in which a lad entered the hospital to be treated for epistaxis. On examination a large naso-pharyngeal polypus was observed compressing the velum and hindering deglutition. An operation having failed, the tumor was injected with a few drops of the chloride of zinc solution. At the end of a few days a large white slough was detached, and the injection was renewed. In three weeks the lad left the hospital cured.

FORMULA FOR GUAIACUM.

As a good combination for administering this drug, a correspondent of the *British Medical Journal* recommends—

℞. Tinct. guaiaci (Ph. U.S.A), Liq. potassæ, āā ♏xv
Glycerinæ, ℥j
Aquam cinnamomi, ad ℥j. M.

This is a clear solution, mixing with water in all proportions, and disguising the burning flavor of the drug.

IODOFORM IN CHRONIC ARTHRITIS.

Prof. Gubler employed ten parts of iodoform to twenty of sulphuric ether and twenty of alcohol. When dissolved the liniment should be applied to the diseased joint by means of a pencil. The parts should then be covered with a piece of oiled silk. For the same affection Dr. Cottle dissolves iodoform in chloroform.

ZINC OXIDE IN ECZEMA.

Dr. H. Fisher writes to the *Lancet* that the following lotion "acted magically" in a number of cases of chronic eczema which he had been called upon to treat:—

℞. Zinci oxidi, ℥iv
Aquæ destil., ℥viij
Rub up and add—
Acidi hydrocyanici (Scheele), ℥j. M.

Of course it is poisonous; but even without the hydroeyanic acid the simple lotion will prove of great service.

Thermo-chemistry.

In the recently published *Essai de Mécanique Chimique*, by M. Berthelot, the author defines the fundamental principles of thermo-chemistry, as follows:—

"1. Principle of molecular work. The quantity of heat disengaged in any reaction is a measure of the sum of the chemical and physical work accomplished in this reaction.

"2. Principle of the calorific equivalence of chemical transformations, otherwise called principle of the initial state and the final state. If a system of simple or compound bodies, taken in fixed conditions, experiences physical or chemical changes capable of leading to a new state, without giving rise to any mechanical effect exterior to the system, the quantity of heat disengaged or absorbed by the effect of these changes depends solely on the initial and final state of the system; it is the same, whatever the nature and order of the intermediate states.

"3. Principle of greatest work. Every chemical change accomplished without the intervention of external energy tends toward the production of the body, or the system of bodies, which disengage the most heat."

Experiments upon the Head of a Decapitated Criminal.

We learn from the *Chicago Medical Journal and Examiner*, January, 1880, that Messrs. Decaisne, of Paris, have made certain experiments upon the head of a decapitated criminal, which demonstrate that the popular ideas respecting the survival of consciousness after the act of execution are totally erroneous. The traditions which teach that certain heads have exhibited phenomena, in the winking of eyelids, biting of lips, blushing, etc., belong evidently to the category of the ghost stories of the nursery. The Messrs. Decaisne, although experimenting upon the head immediately after the descent of the fatal axe, were unable to elicit the faintest evidence of vitality.

Sulphuric Acid as a Prophylactic in Cholera.

The *Indian Medical Gazette* informs us that Dr. MacCormac, consulting physician to the Belfast Royal Hospital, has written two letters to the Secretary of State for India, urging the prophylactic use of dilute sulphuric acid during cholera epidemics. Every one living within the affected area is to have ten drops in a teaspoonful of peppermint water once or even twice daily.

In commenting upon this, the *Gazette* further remarks that the remedy is, at all events, very economical, for a pennyworth of the acid in England will render 1200 persons "approximatively" safe for one day and night; but as Dr. MacCormac apparently relies upon a solitary experience of its effects, which he gained during the occurrence of cholera at Belfast, in 1854, it seems strange that the remedy should find support in what cannot but be considered a very remote and limited practice; but measures are to be at once taken to bring the "specific" under the notice of medical officers, both civil and military, in India.

Vaccination and Varicella.

A physician of this city recently informed us of a case in which he had performed vaccination on a child, followed in a few days by the usual signs of a successful result. But on the seventh day the child was attacked with varicella, and the redness, etc., disappeared around the vaccinated surface, and all signs of irritation passed away. On the fourteenth day, when the varicella had run its course, renewed signs of the vaccine impression began, and a perfect vesicle was formed, following the usual course. Thus, the virus had lain dormant in the system during the presence of the acute disease. Can similar instances be furnished?

The Vitality of Certain Bacteria, when Exposed to a Low Temperature.

The *British Medical Journal* of January 10, 1880, informs us that at a meeting of the Académie des Sciences, on December 15th, M. Pasteur announced that he had ascertained by recent experiments, that the characteristic infective organism which is the bacteridium of splenic disease, and the infective organism which produces the affection known as cholera of fowls, are both capable of supporting a temperature of 40 degrees Centigrade below zero (40° Fahr.), without losing their faculty of multiplying in culture fluids or their peculiar virulence as agents of infection.

Balsam Copaibæ in the Treatment of Jaundice.

Mr. Continho, in a paper read before the Grant College Medical Society, of Bombay, states that he has treated numerous cases of jaundice with copaiba, and found that under its use the urine becomes copious and lighter in color, and the stools gain gradually their natural yellowishness.

—To obviate hereditary tendency to disease in the young.—"Wash them, air them, and iron them."

Correspondence.

Uterine Fibroid Cured by Ergot.

Ed. Med. and Surg. Reporter:—

The patient whose case I have deemed worthy of a report in your journal came under my observation September 14th, 1878. Age 42 years. Had given birth to three children, the last of which was stillborn at seven months.

As subjective symptoms, patient complained of being tired all the while, and suffered from a profuse menorrhagia, being obliged to use from 20 to 30 napkins at each period. Otherwise the menstrual function was normally performed, recurring at regular intervals of four weeks, without much pain, and lasting only five or six days. Said she had noticed an abdominal enlargement since the month of May preceeding; and had suffered more or less from "bearing down pains," difficulty of walking, and a leucorrhœal discharge for three years, all of which she attributed to "falling of the womb."

A vaginal examination revealed a fibroma in the anterior wall of the uterus, so large as to reach half way to the umbilicus. The uterine sound could not be introduced, as the growth projected into the cavity of the uterus. In view of the excessive menstrual flow, and with the idea of ultimately shutting off the nutrition of the tumor, and causing its expulsion, the patient was given ext. ergot. fld., in fifteen minim doses four times a day, and a tonic of acid. nitro-hydro chlorici with strychnia, after meals. This treatment was followed with occasional changes of the ergot for belladonna, for a few days at a time, until June 12th, 1879. The reason of the changes from ergot to belladonna was because of the nausea produced by the ergot after taking it two or three weeks. During this period (from September 14th, 1878, to June 12th, 1879) the symptoms continued about the same, with only a slight improvement of strength. The monthly hemorrhage was not at any time much improved, but, on the contrary, gradually increased after March 1st.

The patient was now making monthly visits to my office, which she continued to do until June 12th, at which time I was called to see her. I found her so anæmic as to be unable to walk across the room without causing severe palpitation of the heart. Œdema of feet and legs considerable. Knowing that unless something was done to check this great drain from the system my patient must soon go down, I increased the ergot to drachm doses of Michaeli's fluid extract once in six hours. On the morning of the 14th found the patient suffering from tonic contraction of the uterus, which had continued since the fourth full dose of ergot was taken. The menses were due on this day, but as they had not appeared, and the contractions being severe, the ergot was omitted and morphia given in sufficient doses to partially relieve the sufferings of the patient. A vaginal examination at this time found the os dilated to the size of a dime. No special changes occurred in the symptoms for four days, when clots were expelled, at intervals of six or eight hours—some very small ones and others larger. The pain, which was rendered bearable by the daily use of morphia, together with the expulsion of clots, continued until June 27th, when I was called in haste to my patient. On examination I found a membranous mass, as large as my hand, hanging from the cervix and protruding at the vulva; upon making a little traction, I easily tore it away. Decomposition having begun, its odor was terribly offensive. Upon further examination the os was found dilated to about the size of a silver quarter-dollar, with more of the membranous substance protruding. There was no hemorrhage at this time. Copious vaginal injections of warm, carbolized water were now made use of every four hours. Ergot in ten-minim doses was given once in six hours. Opiate was continued in diminished doses. During the next three days three sloughy masses were discharged, at intervals of twelve or fourteen hours.

On July 1st, four days after the first discharge took place, the patient experienced a violent chill, and the temperature went up to 104° F. A good deal of discharge took place on this day, the whole of it being covered with pus. Ergot continued; carbolized injections every two hours. Sulph. cinchonidia in fifteen grain doses was given morning and evening, with all the milk-punch the stomach could take care of. Bowels opened by enemeta.

July 2d, P.M., temperature 102° F. Treatment continued as the day before. The temperature gradually declined until July 5th, when it reached the normal standard. Sloughy discharge still continues, with a considerable diminution in size of the tumor. Carbolized injections continued once in four hours. Cinchonidia omitted, and tr. ferri chloridi, ten minim doses, given once in four hours. Ergot continued, also milk-punch and gruel.

On July 12th another violent chill occurred, followed by an elevation of temperature to 104° F. Two doses of cinchonidia sulph., of fifteen grains each, were given in twenty-four hours, and other treatment continued, with carbolized injections once in two hours.

On July 19th temperature again reached the normal standard. Discharge continues, purulent and very fetid. Tumor reduced to less than one-half its former size. On account of nausea, ergot omitted. Tr. ferri chloridi continued, also injections. Milk punch, beef extract and gruel *ad libitum*. Symptoms continued, with slight variation, until July 26th, when two masses of the sloughy substance, each as large as a hen's egg, were expelled. From this time the discharge rapidly diminished.

On August 1st an examination found the uterus in a state of anteversion; its depth, on the introduction of the sound, measuring four and a half inches. Patient able to sit up four or five hours a day. Appetite excellent, and no pain. At this time all treatment was discontinued, with the exception of the tr. ferri chloridi, which was given two weeks longer, after which all medication was stopped. The patient at this time is enjoying excellent health; menstruates regularly, the discharge being normal in quantity and duration.

L. M. Greene, M.D.

Bethel, Vt., Jan. 1, 1880.

The Action of Milk.

Ed. Med. and Surg. Reporter:—

I send you some observations in regard to the action of milk.

It has long been conceded that good milk is the best nutriment, in fact, the food *par excellence*, in all low forms of disease, being easy of digestion, and containing in itself all the elements required for the sustenance and growth of the human body, combined with an alkali to neutralize any acid it may come in contact with. It is absorbed along the entire length of the alimentary canal, making it especially indicated in all forms of disease where the digestive organs have, or may, become enfeebled.

It has wonderful absorbent properties. I had a butter maker who supplied me with an extra article of fresh, sweet butter. One day she brought us a lot of very fine-looking butter, which upon trial was found wholly unfit to eat. I was passing her house, and called to see what was the cause of the change, and on investigation I found she had set the milk in the cellar, which contained quantities of decaying vegetables. At my suggestion she removed the milk to a room where it got fresh, pure air, and her butter was as sweet as at first. Rancid butter, which is entirely unfit to eat, may be made palatable by washing it thoroughly in sweet milk.

We all know how readily the infant is medicated, by giving the medicament to the mother; and that infants that are nursing are much less liable to contract any contagious disease. I have never lost a nursing infant from scarlatina, and I have observed numerous instances where all the members of a family would have scarlet fever, and the nursling escape. A friend of mine had a little girl, three years of age, that lived entirely on milk; all the rest of the children had scarlet fever, and the little milk eater slept with one of them during her illness, and escaped the contagion.

Some five or six years since I treated five families for smallpox, in each of which there were from four to six children—parents and children all alike unprotected by vaccination—and in each family an infant, and in each case the nursling escaped with only an occasional pock scattered over the body, and not sick enough to prevent their playing and crawling over the floor.

I have been practicing my profession here in the Sangamon Bottom some twenty-eight years, one of the worst miasmatic districts in Illinois, and during this time I have treated a great many cases of typho-malarial fever, as well as typhus, and those of my patients who took milk freely were not so much reduced, the disease ran a shorter course, and they made a more rapid recovery than those who were fed on beef tea and other aliments. Now, why is this, when the lesion is in the very tract through which the milk would have to pass to be appropriated, the oily part of which might be expected to increase the morbid action; notwithstanding this, the milk is almost unanimously considered to be the better diet.

Why all this, unless there is in milk some other property than simply its nutrient qualities. It certainly favors elimination, and may it not possess prophylactic, and possibly antiseptic properties which have been overlooked? I am inclined to think it does, and wish to call the attention of the profession to these facts which have come under my observation.

Chandlersville, Ill. N. S. Read, M.D.

Early Experiments with Hydrobromic Ether.

Ed. Med. and Surg. Reporter:—

While conducting my investigations concerning the new anæsthetic, hydrobromic ether, or bromide of ethyl (bromic ether) which I have introduced and recommended to the profession, I learned, through the courtesy of a brother professional who had been searching through some old medical literature, that, in an article upon "Anæsthesia and Anæsthetic Substances Generally," the late Dr. Thos. Nunnely, of Leeds, Eng.,* reported, as far back as 1849, that he had employed the bromide of ethyl in experimenting upon animals, and in 1865, at the meeting of the British Medical Association,† Dr. Nunnely stated that he had employed either hydrobromic ether or Dutch oil (chloride of olefiant gas) in all the principal operations at the Leeds Eye and Ear Infirmary.

Notwithstanding the publishing of these facts, promulgated at the meeting of such a society as we have mentioned, no further notice seems to have been taken of the subject. It was mentioned as an agreeable substitute for chloroform and ether, but not fully endorsed nor recommended, and all interest awakened by the anæsthetic, if there ever was any, died out, because from that time no mention of the facts under consideration was ever made, until revived by the French in 1876 and '77, and by them introduced into this country. I was, however, not only the first one to use it in this country upon man, but also the first one in any country *to recommend, from my own experience*, its adoption for general use in surgery, *as both safe and most convenient*; and at the same time was the first to particularly point out its advantages over both chloroform and ether, or any other anæsthetic.

My first experiments, after having employed the lower animals, were made upon myself, and subsequently upon over thirty-five successful surgical cases, before I took the liberty of recommending hydrobromic ether‡ to the profession at large.

Laurence Turnbull, M. D.

* Transactions of Provincial Med. Asso., Vol. 16, 1849, page 206.

† *British Med. Journal*, Aug. 19, 1865, page 192.

‡ "Advantages and Accidents of Artificial Anæsthesia, Philadelphia, 1878."

News and Miscellany.

Portrait of the Late Professor Charles D. Meigs, M.D.

It will be interesting to the numerous friends and alumni of the Jefferson Medical College to learn that in December last Dr. John Forsyth Meigs presented a portrait of his late distinguished father, Prof. Charles D. Meigs, to the College, through Dr. Gardette, President of the Board of Trustees. This liberal gift, in these days of med-

ical cliques and contending colleges, is a copy from the original of the late Professor, painted by Waugh, who has reproduced an equally perfect picture, which only waits for the frame to be hung in the Jefferson College Hospital, by the side of his former colleague, the learned Dunglison, who, with Prof. Meigs, was largely influential in establishing the permanent prosperity of the Jefferson College.

Secrecy vs. Science, in Philadelphia.

The members of the Philadelphia County Medical Society are in a position that would be ludicrous, were it not also rather degrading to men of science. They have given a certain publisher the exclusive right to every article that is read and every word that is uttered at their meetings. They do not dare to permit a reporter to be present, nor to allow a gentleman who reads a paper to give even a verbal abstract of it, or to make any use of his own labor, until this publisher is pleased to grant permission. The few who have ventured to do so have brought down upon themselves severe reprimands, and have promised not to do so again, we suppose. What a position is this for a learned society of medical men to assume! What a reflection on professional independence and the catholicity of science!

Atlantic City as a Winter Health Resort.

Of the numerous resorts for health and pleasure which dot the Atlantic coast, from Maine to Florida, we know of none which deserves its popularity more justly than Atlantic City. What it is in summer, thousands know; but that it also has a most agreeable and beneficial winter climate is less familiar to the profession and to patients, although its fame in this respect is growing every year. Its temperature in winter is constantly from 5 to 10° higher than that of New York or Philadelphia; the skies are clearer; there is less fog; while numerous well kept hotels and bathing establishments secure comfort to the inner and outer man. *Expertus loquor.* Used up, from work and loss of appetite, a few weeks since, we concluded the quickest cure would be sea air and idleness. Less than a week of such pleasant regimen at Atlantic City restored us, as the advertisements say, "like a charm." To any of our readers who will try the same dose we can also recommend a certain good hotel there, of moderate price.

The Atlantic City *Review*, of recent date, gives an excellent sketch of the sanitary advantages of the city, largely from material furnished by Dr. B. Reed.

Sixth Decennial Pharmacopœia Convention.

We have received the following:—

"By virtue of authority devolved upon me as the last surviving officer of the Pharmacopœia Convention of 1870, I again call the attention of "the several incorporated State medical societies, the incorporated medical colleges, the incorporated colleges of physicians and surgeons, and the incorporated colleges of pharmacy, throughout the United States," to the importance of appointing delegates to the sixth decennial pharmacopœia convention, and of sending the names and residences of the same to me for publication. The convention meets on the first Wednesday in May, 1880, and I am required "to publish the names and residences of the delegates, for the information of the medical public, previous to its meeting." JAMES E. MORGAN, M.D.,

905 E Street, N. W., Washington, D. C.

Washington, D. C., Jan. 28, 1880.

Reports of Infectious Disease.

Dr. Snow, of Providence, R. I., says, in his last monthly report as registrar:—

Commencing with the first of January of the present year, the regulations of the board of Aldermen have required physicians to report cases of contagious, infectious or epidemic diseases as they come to their knowledge. The importance and benefit of this information, not only to the public, but also to the medical profession, commend themselves to the good sense of every physician, and we are happy to record that physicians have very generally taken an interest in the matter, and have endeavored to aid in giving the information needed.

German Eye and Ear Infirmary.

In the year 1879 there have been gratuitously treated at the German Eye and Ear Infirmary, 441 North Fifth St., 1326 patients, of which number 917 were for eye diseases, and 409 for ear diseases. The number of important operations performed in the institute was 101, of minor 167.

The officers of the Infirmary are Charles H. Meyer, L. Westergaard, J. Koerper, M.D., Prof. John M. Maisch, etc. Surgeon in charge, M. Landesberg, M.D.

New York State Medical Society.

This Society met the first week in February, in Albany, with an attendance of about 200 members. Our report of the proceedings reached us too late for this number, and will appear in our next.

Personal

—Dr. E. P. Banning, an article from whom appeared in the REPORTER, January 24th, hails from New York, instead of Boston, as there stated.

—Dr. Kate Stanton, who stumped New York State for Horace Greeley, during the Presidential campaign of 1872, it is said, will soon be married to Joaquin Miller, the poet of the Sierras.

—Dr. Paul Broca, of Paris, the eminent anthropologist, has been elected Life Senator in the French Senate, to succeed the Count de Montalinet, deceased, defeating M. Bertoland by eight votes.

—Ex-Governor Seymour again refuses decidedly to be a presidential candidate, because he was once sunstruck, and he is satisfied no person ever fully recovers from the effects of that lesion. He is right.

—Two Baltimore physicians, Drs. J. E. Clagett and J. W. Walls, were sued for alleged malpractice, damages $10,000, and the case

was tried last week. The case was one of fracture of the arm. Dr. Walls explained its nature and the treatment adopted so clearly that at the conclusion of his testimony the counsel for the plaintiff arose and said: "The plaintiff takes pleasure, as well as does his counsel, in saying that this suit was brought under a misapprehension of the facts, and he is so impressed with the Doctor's free, full and candid explanation of the whole case, that he authorizes his counsel to apologize to the Doctor, and to enter a non pros. in the case."

Items.

—The Milwaukee County Hospital was destroyed by fire February 2d. Two of the patients perished in the flames.

—At Newark, N. J., a charitable Eye and Ear Infirmary was opened on February 2d. The managers are some of the wealthiest residents of Newark, and among the doctors on the medical staff are most of those who withdrew from St. Michael's Hospital.

—Notwithstanding the supposed "unwholesome" character of the weather of nearly the whole of the past winter, we have nothing to complain of in this city, in the way of the general health. Last winter was an unusually severe one, but as far as healthfulness was concerned, was far behind that of 1879-80.

—Middletown, N. Y., and Creston, Iowa, are competing for the most wonderful story of men who vomit odd-looking living monsters from the stomach. The newspapers have had columns about it. Will not some physician resident in these towns settle the question by an examination of the alleged parasite?

OBITUARY NOTICES.

—On February 4th, at Verona, N. J., occurred the sudden and tragic death of Dr. Personnet, one of the oldest and best known medical practitioners in Essex County. He was thrown from his carriage and almost instantly killed.

—Dr. Samuel Welchens, a prominent dentist of Lancaster, died in that city, February 1st. He started, and for three years published, in Lancaster, the *Journal of Dental Science*. In all matters pertaining to his profession he bore a leading part.

—Dr. William D. Noble, a prominent physician of Federalsburg, Md., died suddenly, of apoplexy, on the evening of January 18th. He was a gentleman of extensive reading, of sound judgment and remarkable memory. Besides the practice of his profession, he was editor of the *Courier*, in his town, and wielded a forcible pen. He was fifty years of age.

—On January 28th, Dr. James W. Scribner, of Tarrytown, died at his residence in that village, aged fifty years. He was one of the most prominent doctors and surgeons in the State of New York, and was highly esteemed for his eminent qualities as a physician and citizen. He was the son of Dr. James Scribner, who was also prominent in his profession. His death was from cancer.

QUERIES AND REPLIES.

Cod-liver Oil Emulsion.

In reply to Dr. W. B. T., the following R is given by Dr. N. W. Cady, of Ind.:—

R.	Ol. morrhuæ.,	ʒiv	
	Ovi. vitelli,	No. ij	
	Syr. acac.,		
	Glycerinæ, aa	ʒ iss	
	Aq. menth. pip.,	ʒ j.	M.

This makes a 50 per cent. emulsion, which is not nauseous and remains permanent quite a long time.

Dr. S. O. Stockslager, of Iowa, writes:—The only emulsion I consider perfect is the following: it is not nauseous, is permanent, and easily digested:—

R.	Olei morrhuæ,	ʒ xij
	Tinct. iodin.,	ʒ ij
	Ether. sulph.,	ʒ vj
	Ess. cinnamon.,	ʒ ss.

Tablespoonful after each meal.

—*Dr. S. S., of Texas*, in reply to Dr. B. L. L., (Rep., p. 88) states that bruised gentian root, used as a substitute, will destroy the taste for tobacco.

—*Dr. M. L. D., of Pa.*—The *American Monthly Microscopical Journal*, No. 51 Maiden Lane, New York, will probably suit you.

—*Dr. W. L. G., of Mo.*—We have not seen any formula of the secret remedy you inquire about, but shall make inquiries and inform you.

—*Critic, Ohio*, writes: (See Reporter, p. 110).

1. Since ch is always hard in Latin, and since both Webster and Worcester make it hard in *cinchona*, why do you say that it should, in that word "properly be soft?"

2. Since the ch in *troche* is the Greek chi, and since both Webster and Worcester give it the hard sound in that word, why do you say that it "is pronounced with the ch soft?"

Answer.—1. *Cinchona* is a derivative from the Spanish proper name Cinchon, in which ch is soft. 2. *Troche* is a thoroughly domesticated French word, always pronounced with the ch soft, and we have merely borrowed it.

—*Subscriber, Ills.*, writes:—The New York *Medical Record*, Nov. 15th, 1879, p. 466, speaking of typhoid fever, says: "Follicular intestinal catarrh is *always* present in this disease;" and a few lines below it says: "If there is constipation, instead of diarrhœa, etc., etc." Please state how there can be "follicular intestinal catarrh" and "constipation" at the same time, and in the same case.

Answer.—We pass it on.

MARRIAGES.

HOLCOMBE—WARNER.—On the 11th inst., at the Church of the Holy Trinity, New York city, by the Rev. S. H. Tyng, D.D., Dr. A. A. Holcombe, of New York, and Jennie C. Warner, daughter of William Warner, of this city.

KING—ROBINSON.—At the residence of the bride's parents, January 15th, 1880, by Rev. A. C. Wilson, Erie, Pa., Dr. Courtlan King, of Pittsburgh, Pa., and Miss Emma H., eldest daughter of E. Robinson, Esq., of Uniontown, Pa.

KNOWLS—HIGINBOTOM.—At Vandalia, Illinois, January 22d, by Rev. H. W. Todd, Dr. Joseph S. Knowls and Luelia Higinbotom, both of Vandalia.

McKINSTRY—BOILEAU.—At the residence of the bride's parents, January 29th, 1880, by Rev. W. H. Conard Dr. Frank. P. McKinstry, of Bound Brook, N. J., and Jennie K., youngest daughter of E. B. Boileau, Esq., of Southamptonville, Bucks Co., Pa.

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Original Department.

Communications.

CASES OF PROLONGED HICCUP.

BY H. RIHL, M.D.,
Of Philadelphia.

Read before the Northern Medical Society of Philada.

Dunglison defines hiccup, "A noise made by the sudden and involuntary contraction of the diaphragm and the simultaneous contraction of the glottis, which arrests the air in the trachea." According to Marshall, it is "A short, sudden inspiration produced by a sharp convulsive contraction of the diaphragm, at the end of which the glottis is suddenly and spasmodically closed, so that the air strikes it from below." The mechanism of hiccup does not yet seem to be thoroughly established. In former times it was attributed to a convulsive movement of the stomach. This theory probably originated from the fact that gastric disturbance, whether arising from the food being too hot or too abundant, or even too scanty, or from its being imperfectly digested, is a frequent exciting cause of hiccup. The hiccup of the drunkard, from excessive indulgence in spirits, is well known. It is sometimes so slight and transient in character, that it hardly merits the name of a disease, while at other times it is a symptom of the gravest import. In the latter stage of most fatal diseases it often makes its appearance, and superadded to other grave symptoms, makes the prognosis still more unfavorable. Though in the great majority of cases a purely reflex phenomenon, it sometimes, as in apoplexy, hydrocephalus and meningitis, originates in the nerve centres. Cases have been reported where hiccup has long continued without any detected cause, and where death has resulted, and a post-mortem examination has revealed no lesion which would account for it. The object of the present paper is not to give an explanation of the causes of hiccup, but to recite the history of several instances of it which have occurred in my own practice, whose origin was obscure, and which were remarkable for their intractable character and long continuance. My first case, seen by me in the year 1863, was that of a butcher, aged about 35 years, whose previous health had been good until a short time before. I was called to visit him for what his family described as a fainting fit, which, however, had ceased before I reached his house. Two weeks after this he was seized with a most distressing hiccup. The singultus was very violent, jarring his whole body, and continued for nearly a week, ceasing only when he slept. Dr. Littell visited the patient with me. The medicines used seemed to have little influence over the disease, which at last disappeared without my being able to say that any one drug had been instrumental in effecting this result. It was supposed, at the time, that the cause of the hiccup was cerebral. He was not completely restored to health until several months after. Four years after I attended him with convulsions. My impression is that his mind was never so vigorous after his attack of hiccup as it had formerly been, evidenced by his being unable to carry on his business with the same judgment which he had formerly exercised. My notes on this case are somewhat meagre, but I remember that I used a remedy once highly esteemed, the web of the black spider, without, however, obtaining any abatement of his distress.

My next case is a more recent one. The patient is an unmarried lady, aged about 40, who has been an invalid for nearly 20 years; for the last eight years she has been confined to the house. She has an obscure nervous affection, probably spinal; suffering almost constant pain, especially along the spine, which is exceedingly sensitive to pressure. She has almost daily headache, with much pain in abdomen and chest. She has no leucorrhœa, and her menstruation is regular. She has never been willing to submit to a vaginal examination. Locomotion increases her pain. She manages to slide down stairs in the morning and crawl up again at night, but most of the time she is in a recumbent position. She has occasional exacerbations of pain, for which chloroform has been found most effectual. She sometimes sleeps for many hours after its administration. Some years ago I tried nitrite of amyl inhalations, which relieved for a time, but at last produced so much rigidity of muscles of limbs and chest as to occasion great distress, so that I was obliged to abandon its use and return to chloroform. On the 24th of May, 1879, she was attacked with hiccup, which, at first intermittent, soon became constant; her only relief from it being during sleep, so that for about eighteen hours each day there was continued hiccup occurring with each respiration. A host of remedies for hiccup (and also for flatulence, to which at first I supposed it might be owing) were tried without benefit, such as grindelia robusta, turpentine, chlorinated soda, Hoffman's anodyne, chloral, valerian, assafœtida, musk, cypripedium, capsicum, bicarbonate of soda, bismuth, oil of amber, tincture of castor, chloroform inhalations, etc., until I was almost in despair of accomplishing anything, and my patient was tired of taking medicines without seeing any beneficial result. On the first of July, finding the tongue very red, with considerable tenderness at the epigastrium, I concluded that I would try calomel, of which I gave six or eight grains in two days. July 3d, she was severely salivated, without any abatement of the hiccup. I then prescribed ¼ of a grain doses of sulphate of morphia, after taking one dose of which the hiccup departed. On the eighteenth, fifteen days after its cessation, it returned as severely as ever, morphia now exercising no control over it. On the third of August I tried electro-magnetism. This I had wished to use before, but the patient had stoutly resisted, saying that it had been applied many years ago by her physician, for her nervous affection, and that after trying it once she could not lie in bed, but was obliged to sleep in a sitting posture, and that this difficulty continued for a long time, in fact, until she had had typhoid fever, after which she was able to lie down. Having gained her consent, I applied the poles of a Gaiffe battery to the region of the diaphragm. August 3, 6, and 9, on which latter day hiccup ceased. On my visiting her, August 13th, I was informed that she had hiccuped only three or four times in the four days. The relief was not permanent, for on the sixteenth of August Dr. Updegrove was called to see her, I being out of town, and found her hiccuping almost incessantly. He tried the battery, but without benefit. September 4th, I visited her and found her as bad as ever. I again tried chloroform, which Dr. Updegrove had used during my absence; I could stop the hiccup while she was fully under its influence, but before consciousness was entirely restored it would commence as violently as before the administration of the chloroform. On one occasion I kept her anæsthetized for fifty minutes, and left her; in ten minutes after I was informed the hiccup was back again. September 7th, I tried nitrite of amyl without producing any impression. I may remark, however, that the article had been in the house for four years, and may have been impure. September 8th, I tried galvanism, applying one pole to lower part of side of neck, the other to diaphragm, changing the poles occasionally to sternum, which region seemed most sensitive. There was some relief, the hiccup becoming less severe. I used 20 cells of a Fleming & Talbot's battery. Two days after I again tried galvanism. The patient awoke next morning, September 11th, and was surprised to find that she was free from hiccup. September 13th, after a rest of two days, the enemy resumed the attack: I continued to use galvanism. September 14th, hiccup was less frequent, and next day, after breakfast, it was entirely gone, and did not make its appearance again for forty-six days. On calling, December 1st, patient stated that there had been no hiccup during all this time, except for a short time the evening before and on the morning of my visit.

To sum up: The patient had, during her hours of wakefulness, continuous hiccup for six weeks, then an intermission of fifteen days, then, with an occasional intermission, in all only seven days, for nine weeks longer, so that in seventeen weeks she had fourteen weeks of hiccup. The number of hiccups was several times counted, and found to be 900 in an hour, though on one occasion 400 in ¼ of an hour were counted. On an average, she hiccuped 15,000 times a day, or dur-

ing the whole period probably not far from a million times. There was an entire absence of fever. The urine was examined several times and found free from albumen and sugar. Those who have not seen cases of this kind, which, fortunately, are extremely rare, can hardly conceive the distress produced by the persistence of this obstinate symptom. The galvanic battery seemed to be the only appliance which exercised any permanent influence over the hiccup. The patient still continues to use it. Even before there was any apparent advantage from its use the patient expressed herself relieved in the head and abdomen on its first application, and to it she ascribes the long immunity she has since enjoyed. (The suffering was so great that the patient lost all hope, thought that she would die, and said that death would be a welcome relief from the torment she was enduring.)

I had hoped to be able to record a victory for galvanism, but on calling to see the patient this afternoon, December 12th, I find that she has been hiccuping since December 1st. I counted the number, and found about seventeen per minute.

CLINICAL STUDIES OF INEBRIETY. DISEASE VERSUS VICE.

BY T. D. CROTHERS, M.D.,
Of Hartford, Conn.

I have, for years, urged that every person who was either a continuous or periodical drinker, using alcohol in any form to intoxication, was most emphatically suffering from the disease of inebriety. I am also confirmed in my belief that the starting point of this disease is in the first instance of intoxication, or toxical effect of alcohol. The pathological and psychical impressions produced on the organism at this time are permanent, although inebriety may not always follow. The germ of disease then implanted may remain dormant for years, then suddenly spring into activity, from the action of some peculiar exciting causes.

This view of inebriety has been the subject of much criticism, particularly by those who never studied these cases practically or clinically. The papers and articles written to prove the error of this view and the vice of inebriety form one of the most curious chapters in the history of psychological literature. Even to-day, men who are learned in psychological studies continue to repeat statements and theories both confusing and unreliable, and with no basis in clinical facts, in a spirit of dogmatic assumption that is very lamentable.

I have lately had an opportunity to study the history of two cases of inebriety which were under the care of two very excellent superintendents of large insane asylums. These cases formed the basis of many bitter comments, in which they severely condemned all inebriate asylums, and pronounced the theory of inebriety as a disease perfectly absurd, and false in every particular.

My purpose in reporting these cases is not so much to indicate the assumptive ignorance of these physicians, as to point out the necessity of a thorough study of such cases, with all the aids at our command, before pronouncing on the question of vice or disease. If physicians who are persuaded that they have something new to write on this subject would ignore the baseless mass of theories that are repeated from one author to another, and study a few cases of inebriety thoroughly, they would find facts of the greatest interest, that are practically unknown at present.

CASE 1.—The father of this patient was a regularly educated physician, but who, all his life, vacillated between one school of practice and another, adopting every new idea proposed, and manifesting much enthusiasm and bigotry in defending them. He was also noted for his changing religious views, and generally was of very uncertain mental calibre. He was healthy, temperate, and lived to eighty, dying of some heart affection. His wife was a retiring woman, of a gloomy disposition. Her mother and grandmother, on her father's side, were insane, and her brother had epilepsy in early life, and later died an inebriate. She was neuralgic and excentric at times, and had convulsions at the birth of her son. B., the subject of this history, was the only child of the above parents. During childhood he was noted for his exceeding fretfulness and impulsive temper. He grew up rapidly, developing an active, nervous temperament, a ready memory, and was considered precocious in his ability to learn. At puberty he was sick for nearly a year, from some form of fever, attended with exhaustion, anæmia, and much irritability of temper. At twenty-one he graduated from college with high honors, and two years later was admitted to the bar as a lawyer. For some years nothing unusual was noted. He won distinction, and acquired a large practice. At twenty-eight he married. Up to this time he had been very generous and lavish of money, then suddenly he became penurious and refused all claims for charity. At thirty, with equal suddenness, he gave up all his flattering prospects

as a lawyer, for a third-rate partnership in a manufactory. To his friends he gave no special reasons for his miserly habits or his change of occupation. To his wife he affirmed that he had great fear of dying in the poorhouse. In the manufactory he kept the books, and manifested great pleasure in watching the operatives. About this time a change was noticed in his personal appearance, wearing poor and soiled garments, which was attributed to his excessive economy. He had always frequented the best society, and had been temperate in all his habits, attending church, and foremost in all endeavors for social reform. Now, all unexpectedly, he seemed to avoid this circle, and began to visit the mill operatives and the saloons which they frequented, playing cards with them and drinking beer at their expense. During the following years all these low tastes increased, also his miserly habits and general disregard of society and its claims.

At forty he was sole owner of the business and wealthy, dressed poor, was selfish and grasping, and generally suspicious of everybody. He drank wine at home moderately, avoided company, and worked very hard. Much against his wishes his wife and daughter went traveling in Europe; the great objection was the expense. After the excitement of parting he went home, drank to intoxication, and in the delirium which followed broke up much furniture and threw it out of the window. He repented deeply for this act, called in a clergyman, signed the pledge, and declared he was going to live a different life. A few months later he drank again suddenly, and had a furious delirium, during which he destroyed more of his property, and injured a servant who attempted to stop him. This was followed by a long period of repentance, during which he attended church and seemed a different man. The news of his daughter's death abroad brought on another severe paroxysm of drink, which lasted nearly a week, ending in a low, nervous fever. Recovering from this he drank every day moderately, his temper seemed more violent and irritable, and a change of character was apparent. He forbade his wife coming to the house, but sent her large sums of money, was sleepless at night, and often very profane. These paroxysms returned more frequently, but were less violent, unless from some special cause. Wine was used at the table regularly, but never to excess until evening. In business he was very energetic, manifesting great skill and judgment, and gave no evidence of mental debility. He spent his time reading old books on witchcraft and necromancy, making quite a collection of that kind of literature; he ate temperately, and appeared in good health. The delirium of destruction which followed the paroxysm of drink seemed to be in a measure under his own control. This he declared to be so, and affirmed his desire to give up alcohol, and urged others in public meetings, with much skill and eloquence, managing a temperance canvass in every neighborhood of the country. He gave money and time freely for the blue ribbon cause, and was thought to be a "brand plucked from the burning," but to his intimate friends he was very irritable and impulsive.

At this time I was consulted, by letter, about this case, and gave a free opinion that he was suffering from inebriety, and needed exact and long continued medical care. Shortly after he relapsed and suffered from a severe paroxysm of drink, breaking up his property, and was altogether so violent that his friends conveyed him to an insane asylum, giving the superintendent my letter, with the diagnosis of inebriety. In ten days he had so far recovered as to be sent home cured. The superintendent wrote a long letter, giving a history of the case to the family physician, indicating that there was no evidence of disease, and not the slightest suspicion of anything more than pure drunkenness, associated with a vicious temper, advising that he be locked up at home and forced to control himself when in this condition. This the patient agreed to willingly, but on the return of the next attack resisted, with wild fury, all attempts to carry it out.

Six months later he was returned to the asylum, and the superintendent wrote his friends that he would make a special study of this case. The result of this study was a more positive confirmation of his former views, with an additional statement that the delirium was merely the outburst of a mean, vicious nature, liberated by alcohol. He was discharged in two weeks, and relapsed a month later. Growing gradually worse, he was persuaded to come under my care.

I found him a robust, healthy-looking man, who reasoned quite clearly about his case, deploring the neglect of his spiritual faculties, etc., and seemed quite anxious to get strong, but had the usual delusion, that he could stop any time; also, that wine in moderation would benefit him, and was necessary in ill health and overwork. A closer study revealed the presence of a delusion, viz: That he was under the power of some spiritual agency, which took possession of his body for a special purpose. He referred to *Cotton Mather* on witchcraft and the power of evil influence; these impressions he dated from the

time of his first intoxication. He admitted that it might be all a delusion, but felt confident that after a certain point in drinking he was a mere automaton in the hands of other persons, as in a mesmeric state. He had, for years, made collections of books which contained proof of this condition or power. His reasoning was very acute on this topic, and he was also full of ideas of persecution, and fears of suffering from extreme poverty and want. Economically, he was satisfied to come to an asylum, and explained his mania for destruction as an effort of his higher nature to get the ascendance over the lower. On other subjects his mind was clear, although very sensitive and changeable.

The second week under my care he arose one morning in a condition of great excitement and alarm; went about aimlessly; had great fear of dying; his pupils were congested, and he begged for alcohol: made his will, etc.; but under the influence of narcotics, became quiet. The next day he was melancholy and much exhausted. The third day he recovered, was calm, and seemed in fine spirits. The congested pupils cleared up, and, except a nervous trembling, he was much better than he had been before. He went away the fourth week, in the fullest faith of recovery, made a strong temperance speech at his home church, went directly to his house and drank to intoxication, three days after leaving my care. One year after he gave up business, and is now traveling in Europe, with an attendant. He drinks regularly, has delirium less frequently, but is much weaker, both in mind and body.

Such is a brief outline of a case which was affirmed by a prominent physician to be vicious inebriety, and a good illustration of the vice of drunkenness, that was, to him, very strangely held up as a disease.

Some of the special facts of this history may be grouped as follows:—

1. The hereditary history pointed strongly to a taint of insanity, and the presence of a diathesis, which might develop any time, under proper exciting causes.

2. His history up to the time of the first intoxication indicated a degree of eccentricity, and instability of brain function that was very suspicious.

3. The first intoxication opened the door for delusions. The delirium for destruction which followed, and the recurrence of the drink craving, were unmistakable evidences of disease.

4. The subsequent progress of the case furnished the clearest proof, and both the physical and psychical symptoms pointed to the development of an insane diathesis, which took the form of inebriety.

Case 2.—A gentleman wrote me of his brother, who had been under the care of a noted specialist and superintendent of an insane asylum for inebriety, and repeatedly discharged as *incurable* and *incorrigible*, requesting me to take care of the case, and correspond with the physician of the asylum. In answer to my letter this physician wrote me at length: first regretting that I had advocated the disease theory of inebriety, and advising that I turn my attention to the study of insanity, etc.; second, of this case, he had studied it carefully, and was long ago convinced that he was a mere "bummer," in the sense this term was used in the army; also a vicious, base, bad man, without any evidence of the so-called disease of inebriety; third, and last, he had no sympathy with any who called such persons diseased, and he believed the worst results would follow such an opinion.

A short time after this case came under my care, with the following history: H., aged forty-one. His father was a speculator, and drank hard up to his death, at forty-eight. His mother was in ill health, and died soon after his birth. His two brothers were temperate; one had convulsions in early life; was now a selfish, miserly man. The only sister he had was eccentric and of gloomy disposition. H. graduated from college, entered a medical school, then went into the army, was attacked by typhoid fever, and after recovery was detailed as a clerk in the departments at Washington.

At the close of the war he came home and entered into business, as traveling agent for his brother. Nothing unusual was noticed until 1870, when, after an accident on the railroad, in which he was slightly injured, he drank to protracted intoxication, and was ill for two weeks. A year later he drank again, for two weeks, and spent much money with low company. Up to this time he had always been very truthful and correct in all his business habits; now he seemed to change suddenly, and was very unreliable, telling falsehoods where it was very foolish, and where the truth was better for his own reputation. He became careless and forgetful, neglected his business, and was boastful and arrogant, bragging of events which never took place. In business he was dishonest, and was discharged by his brother. Committing some assault while drinking, he ran away, and was heard from in California, as a barkeeper and gambler, for the next two years. Returning, much broken down in health and destitute, his brother employed

him as a porter. He drank beer steadily, and was occasionally quite stupid from it. On recovering, he was filled with delusions of robbery and poisoning by his friends. He manifested fair average intelligence, and affirmed that he often used brandy or beer to drown the depression of spirits and sustain his energies. He was often the object of the temperance missionaries, always uniting with earnestness in every effort to help others to reform. Repeatedly he united with different churches, made strong appeals to sign the pledge, but fell himself, with every temptation. When caught where denial was useless, he would acknowledge his sins in the most penitent manner, and describe them with gross exaggerations. It seemed a keen pleasure to him to be the object of prayerful attention, and for a long time he was one of Mr. Moody's most hopeful converts. In the midst of such excitements, he would drink in his room, then thrill every one with the most extravagant details of struggles with the tempter, and prayers for help. He possessed a vein of extravagant oratory that never failed to attract the closest attention His mind was buoyed up with an extraordinary confidence and hope in the future. He would drink hard all night, be intoxicated, and on recovery go into the church and announce confidentially that he was destined for some great work and would yet be known as the champion of the cause of reform. His thoughts could not be concentrated very long on one topic, and he was either hesitating or very bold. He was keen to take advantage of the situation, and use every opportunity for his advantage; also he displayed much cunning in covering up the real condition. His drinking seemed to be for relief from exhaustion or depression, from which he suffered. He suffered under my care from distinct periods of exhaustion, which seemed to bring out the worst features of his nature, but when these were over he was quite a different man.

When much intoxicated he used violent, threatening language to his relatives, hence he was sent to the asylum as a dangerous person. Under my care great improvement followed, and he is yet under treatment, with strong prospect of recovery.

This case, like the former one, was the subject of unjust reflections and criticism, and the history may be condensed in the following statements:—

1. The hereditary history indicated an inebriate diathesis.

2. The onset of inebriety following an injury and nervous shock from a railroad accident.

3. The total change of moral character, and his subsequent moral perversions, more prominent than the drink paroxysms.

4. The peculiar depression and exhaustion which preceded the drinking all outlined clearly the presence of the disease of inebriety, which the subsequent history confirmed.

These cases may be considered fair illustrations of many others that are sent to the insane asylum, and are considered by some physicians unworthy of study, and as possessing little or no psychological interest.

Both of these cases have been considered types of the vice of inebriety, and in both instances they were not studied, only in the most cursory way. All attempts to demonstrate a condition of vice in the disorder of inebriety indicates a most superficial knowledge of the subject, clinically, and may be compared with similar efforts to show a stage of vice in insanity.

Hospital Reports.

THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

LECTURE ON DISEASES OF WOMEN.

BY PROF. T. GAILLARD THOMAS.

Reported for the Medical and Surgical Reporter.

Case 1.—Chronic Ovaritis, with Prolapse of the Ovary.

Gentlemen:—Our first patient to-day is Elizabeth R., a widow, thirty-five years of age, and a native of England. She has had three miscarriages, but no children at full term; and it is ten years since she was last pregnant. How long have you been sick Mrs. R.? "About seven years." What have you complained of during this time? "Great pain in the back and head." Have you suffered from a constant headache? "No, but I have it very often." Is the pain in your head constant? "Yes, I feel it all the time." Do you suffer much at the time of your monthly periods? "Very much, indeed." At what portion of the period do you have the greatest pain? "Before the flow comes on." Have you any other trouble? "My bowels are always constipated." Do you have the whites at all? "Yes." Do you have any trouble with your bladder? "No." Do you complain of anything else? "Nothing but chills." How often do you have these? "Sometimes five or six times a day." (Of course what the patient here refers to is what are known as nervous chills).

When a physical examination was made in this case, I found that there was an abnormal mass situated at one side of the uterus, which was so sensitive that the use of conjoined manipulation gave the patient very great pain. With my finger in the vagina I found that it was possible to push this mass up, by a species of *ballottement*: but it

always fell back in the same position again. Such a mass as this could hardly be anything else than an inflamed and enlarged ovary, which, on account of its increased weight, had slipped down out of place. The next inquiry that we make is, does this condition of the ovary account for the troubles complained of by the patient?

What are the principal symptoms here? Constant backache, very frequent and severe headache, nervous chills, leucorrhœa, and pain preceding the menstrual flow, and which, therefore, can scarcely be strictly called dysmenorrhœa. The latter is not, then, painful menstruation, so much as painful ovulation. All these symptoms are really characteristic of the condition which, for want of a better term, we call chronic ovaritis, and hence it is not necessary to look further for the diagnosis here. As some of you, perhaps, would like to inquire why there should be leucorrhœa with chronic ovaritis, I will simply say that, from sympathy, the uterus is always much congested in these cases, and leucorrhœa, as you know, is one of the most constant results of uterine engorgement. As to the treatment to be pursued in such cases as this, I will not detain you to go into its details now, as I have recently spoken quite fully upon the subject. I will merely mention, in brief, that it should consist in the wearing of an appropriate pessary, for the purpose of keeping the ovary up in position, and in the persevering use of the constant current in the inter-menstrual periods; while, for a few days before the appearance of the catamenia, the patient should be instructed to remain in bed, and to take the bromide of ammonium.

Case 2.—Extreme Retroflexion, with Areolar Hyperplasia.

Mary Ann K., a native of the United States, and forty-four years of age. She is married and has had six children, but no miscarriages. She states that she has not menstruated for eight months; so that it is altogether probable that she has now reached the menopause.

How long have you been sick, Mrs. K.? "About a year altogether." What do you complain of principally? "Pain in the back." Do you have this all the time? "It is worse in the night than in the daytime." Then you get no ease by lying down? "No, not until I get up. I twist and turn all night long." (The great symptom here, then, seems to be that the patient cannot lie on her back, and turns from one side to the other in order to avoid this. From what has been thus far gathered, there does not seem to be any special reason for supposing the presence of some uterine or other pelvic disorder; and yet this pain in the back, and the great nervousness mentioned, are sufficient to lead us to ask one or two direct questions.) Do you have the whites? "No." Have you any trouble about your bladder? "Yes, a good deal of pain." Do you have to pass your water very often? "Yes." And do you suffer much distress when you pass it? "Yes." How are your bowels? "They are very constipated, and, indeed, never move unless I take some kind of medicine." When you used to have your monthly sickness, were you irregular in your periods? "For the last year I was not regular." Did you lose too much blood or too little at this time? "Too much."

In making a diagnosis in cases like this, we always have to begin by feeling our way in the dark. First we suspect one organ, and interrogate it, and then another; and he will prove the best diagnostician who really wants to find out just what is the matter with his patients. Let me now show you, upon the blackboard, what causes these odd symptoms in the present case. From this diagram you will perceive that the patient's uterus is in a state of extreme retroflexion, and that, in addition, it is very much larger than it ought to be. It is affected with marked corporeal hyperplasia, which has resulted from its being kept, on account of its malposition, in a condition of constant engorgement. The arteries bring to the organ its natural supply of blood, but, owing to the bending of the veins, whose walls are readily compressed, its return is materially impeded. The condition of the uterus is very well represented, in a homely way, by a finger which has become swollen, from the constriction of a ring that is too tight. The pain in the back is undoubtedly due to the pressure of the uterus upon the sacral plexus, and the interference of the cervix with the bladder gives rise to the vesical disturbances; while the fundus crowds upon and obstructs the rectum. Finally, the congested state of the uterus, no doubt, has a marked effect upon the nervous system of the patient. Thus, you see, every symptom is satisfactorily accounted for.

Placing the patient upon the side, and introducing two fingers into the vagina, I found that I could readily push the fundus up into its normal position. Now, if it could be kept there permanently it would be surprising to find how quickly the patient would be cured of all her trouble. After this uterus had been in position for a fortnight, I doubt not that she would come back and tell you that she actually felt better than she had done for years. The simple indication here is to remove the constriction which is causing the constant congestion of the uterus, by restoring the latter to position, just as the indication is to remove the ring which is constricting the finger, in the case proposed above. The patient now tells me, for the first time, that she not infrequently suffers from intense itching of the body. This, I do not doubt, is a pruritus which depends on the nervous derangement caused by the abnormal position and condition of the uterus; and, therefore, the easiest and most efficient way to treat it will, of course, be to remove the uterine trouble here present.

This, gentlemen, I assure you, is a very instructive case; much more so, indeed, than if it had been one of ovariotomy; for while comparatively few of you will ever be called upon to perform the operation mentioned, all of you will frequently meet just such cases as the present, in your ordinary practice. When a patient of this kind comes to you, the great thing is, first to find out the precise cause of the troubles of which she complains, and secondly, to know how to treat her in the most advantageous manner. If you have profited at all by the lessons which I have endeavored to inculcate here, therefore, you will

not begin to deal with a uterus like this by applying leeches to it, and endeavoring to reduce the inflammation present before restoring the organ to its normal position. If, with the idea that the inflammation has caused all the trouble, you pursue this course, I can assure you that you will never succeed in curing the patient. The abstraction of blood, by leeches or other means, may, perhaps, cause a temporary relief of some of the symptoms; but very soon the same condition of affairs as is now seen will return, and you may go on applying your leeches indefinitely, or as long as your patient will stand such a course of treatment, without accomplishing anything except causing a further depreciation of the woman's health. Again, let me remind you of the swollen finger. What folly it would be to apply leeches to it, or adopt other similar measures, while the cause of the whole trouble is permitted to remain as before; but simply remove the tight ring, and all the swelling and inflammation will presently subside of themselves. Here, then, you are to adopt a precisely similar course; that is, put the uterus in position, and maintain it there; and you will have no further trouble with the case, because the morbid element resides in the flexion. Such a case teaches you, furthermore, to look at inflammation not really as an entity, but simply as the result of a certain number of circumstances combining to produce the phenomena which we designate by this name.

Case 3.—Large Sub-peritoneal Fibroid.

Mary F., a native of Ireland, forty-seven years of age, and the mother of nine children. She has also had two miscarriages, and her last labor occurred four years ago. First, let us get her history.

How long have you been sick? "Four weeks." What did you first notice four weeks ago? "That I was kind of bloated. I thought I was getting to be too big, and when I put my hand to my side I felt a large lump there." This, then, was the first intimation of any trouble that you had? "Yes." You did not feel sick at all before that? "No." Do you still have your monthly sickness? "Yes." Do you have any pain or suffering of any kind? "None at all."

This, gentlemen, is a brief, but very striking history. Here is a patient, in the enjoyment of excellent health, who suddenly discovers that she has a large lump in the side. It does not give her any pain or inconvenience at all; but the discovery naturally worries her. It is, therefore, the knowledge that she has this lump in her side, and not the lump itself, which is causing her annoyance, and which has induced her to seek medical advice. Of course, under the circumstances, a physical exploration was instituted, and I will now show you upon the blackboard what was discovered. Although the patient has said not a word about any difficulty in regard to passing urine, it is found that the bladder is completely crowded up against the symphysis pubis; the fundus of the uterus reaching far up above the symphysis, instead of being on a level with it, as ought normally to be the case. Back of the uterus, and extending high up above the pelvis, is an immense mass, of great hardness, which reaches entirely across the abdomen, from one side to the other. It seems incredible that such a huge growth should exist in the pelvis and abdomen, and yet be so entirely unaccompanied by symptoms that its presence was only accidentally discovered, four weeks ago, by the patient putting her hand upon her side. This is emphatically a case where ignorance is indeed bliss, and it is folly to be wise.

Now, what may this mass be? It may be a growth of various kinds; but, in the first place, we can readily exclude extra-uterine pregnancy and malignant disease. There are, then, two things which suggest themselves most prominently, ovarian cyst and uterine fibroid. The first of these, however, must also be excluded, on account of the extreme hardness of the mass. But you ask, may it not be a solid tumor of the ovary? The probabilities are all against such a supposition. Such growths are so extremely rare that there are only two or three on record, and as we have already had one indubitable case at the clinic this winter, it is by no means likely that we will find another. When we come to consider the question of sub-peritoneal uterine fibroid, however, we are soon pretty conclusively convinced that there is no necessity for looking any further in making a diagnosis. Among the points in favor of this hypothesis are the following:—

1. Although of such vast extent, the growth has not in the least interfered with the patient's health.

2. It has created no disturbance whatever in the system, beyond giving rise to a little tympanites, by its mechanical pressure upon the bowels.

3. There is no sense of fluctuation anywhere about the tumor.

4. There is no interference with the function of menstruation. If this fibroid were intersitial or sub-mucous, this would not be the case.

We conclude, therefore, that we have to deal, here, with a large multilobar, sub-peritoneal uterine fibroid. As to the prognosis, I do not think it probable that the growth will shorten this woman's life a single day. As it is now so large, it is fortunate for the patient that she is forty-seven, instead of thirty-seven, years old; because tumors of this character, which are merely an abnormal development of the uterine parenchyma, usually diminish in size after the menopause. They become the subject of marked atrophy, like the uterus itself, and in a certain proportion of cases undergo calcareous degeneration. When situated in the cavity of the uterus, such calcifications used to be designated by the old writers as "uterine stones." I do not doubt that this patient will cease menstruating within a year, and think it quite probable that the menopause has been delayed until the present by the existence of this large fibroid. The best advice that we can give to the woman will be to tell her not to feel the slightest anxiety about herself, and to try to entirely forget that she has anything like a "tumor."

Case 4.—First Stage of Prolapsus Uteri.

The next patient's name is Abbie S. She is a native of the United States, forty-one years of age, has been married fifteen years, and has had two children and one miscar-

riage. Her last pregnancy occurred six years ago. How long have you been sick? "Fourteen years." And how long has it been since your first child was born? "Fourteen years." How do you suffer? "I have cramps across the lower part of my bowels." What else? "Pain in the left side, pretty high up." Are you able to stand and walk with comfort? "I cannot walk scarcely at all." Why not? "On account of the pain which it gives me." Are you regular in your monthly periods? "Yes." Do you have any trouble with your bladder? "I used to have difficulty in passing my water, but do not have this now." Do you have the whites? "No."

This woman, as you have heard, was well up to the time of her marriage, and for one year afterward, when she gave birth to a child; and since that she has never enjoyed good health. She walks with difficulty, and there is evidently something wrong about the pelvis, if we may judge from the cramps and other pains of which she complains

A physical examination reveals what I show you here on the mannikin, viz., the uterus considerably lower down in the pelvis than it ought to be. It has simply descended, however, and has not fallen at all backward; so that the long axis of the organ still points in its normal direction. The broad ligament on either side is found to be somewhat tender to the touch, and when the cervix is dragged downward the stretching of the utero-sacral ligaments thus caused gives the patient a great deal of pain. The perineum, while it has not been ruptured, is very lax, and this is also true of the vagina. Nothing abnormal can be detected about the ovaries.

When you get into practice you will meet with a good many such cases as this, and they will be apt to give you a good deal of trouble. It will be impossible for you to find any ulceration or any inflammation about such a uterus as this (although there is a slight laceration of the cervix), yet you will find that your patient cannot walk. The correct pathological explanation of the difficulty I believe to be that this uterus is in the first degree of descent or prolapsus; and I do not doubt that it has remained in this position ever since the birth of the woman's first child, fourteen years ago, when there was a slight laceration of the cervix. A uterus in such a position as this (which some of the English writers absurdly call "squatting uterus") puts the ligaments attached to it on the stretch, and keeps them continually in a neuralgic condition. You may doubt the pathology that I have suggested, if you please; but I know of no other way of accounting for the history and symptoms which we meet with in cases like this.

The indication here is to keep the uterus up in its normal position, and thus cause a relaxation of the ligaments that are now upon the stretch. The curious point about prolapsus is, that in the second stage, when the uterus gets a great deal lower down than it is here, patients do not usually suffer nearly so much as in the first stage; and when the uterus gets completely out of the body, as in the third stage, they scarcely suffer at all, except from the mere mechanical inconvenience of having such a mass between the thighs. When you ask a patient with procidentia what is the matter with her, she will at once give you the diagnosis, "falling of the womb," but she will probably not give you any symptoms. The reason of this is, as I believe, that when the ligaments, after a long course of resistance, at length yield, they give up entirely, and the nerves seem to become benumbed by the overstrain upon them. In certain cases, however, the ligaments do not seem to yield at all; and so here they have now held out successfully for fourteen years. I trust that after the foregoing explanations you will all be able to recognize such cases whenever they may chance to come into your hands.

A few moments will be all that it is necessary to devote here to their treatment. The laceration of the cervix which I have mentioned as being present in this instance is so slight that it does not require any attention. The principal question here is: How shall we keep this uterus up in its natural position? This can be done either by a mechanical contrivance, or by means of operative procedure; and under the circumstances of the case, I should unhesitatingly prefer the former, at least for a time. The best instrument, by far, that I know of, for the purpose, is Cutler's cup-pessary, or one of its modifications. By its means the uterus will be held in a sling, as it were, and the strain removed from the various ligaments. Hence the organ will become less and less congested, while the neuralgia will gradually disappear from the ligaments, which will in time recover their natural elasticity. The pessary should always be removed at night, and then astringent injections should be employed, in order to tone up the vagina, not to enable it to support the uterus, but rather that it may support itself, and so have no longer a tendency to drag down the uterus. Of course, if you were not able to obtain the Cutler pessary, or if you should object to it, for any reason, there are various other instruments which might be resorted to with advantage.

Case 5.—Malignant Disease of the Cervix Uteri.

Our last patient to-day is Caroline N., a native of Germany, and forty years of age. She has had three children, but no miscarriages. Her last child was born sixteen years ago, and she has been a widow for eight years.

How long have you been sick, Mrs. N.? "One year." How have you suffered? "I lose too much blood." Are you losing any blood at present? "Yes, I have not ceased to flow for two or three months now." Have you ever lost more blood than you are losing now? "Yes. At one time I was losing so much that I nearly died, and the physician who attended me said it would have killed me in a couple of days more if it had not been stopped." What else do you complain of? "That is all."

Here, gentlemen, you see, is a very short story, but it is also a very graphic one. You see before you an apparently robust German woman, and yet she has had metrorrhagia steadily for nearly three months now, and at one time was losing so much blood that she was in imminent danger of death. It would be impossible for any one to say, definitely, what is the cause of this

uterine hemorrhage, without making a physical exploration, as it might depend upon a dozen different conditions. Of course, therefore, after having the history, I proposed an examination, and I will now show you, upon the blackboard, what I thus discovered. The cervix was in its normal position, but, instead of the ordinary os uteri, there was a great gaping cavity, the surfaces of which felt like a spongy mass. This was very soft and friable, and if a little portion of it were pinched off, quite a gush of blood would immediately follow. So completely was the tissue of the cervix hollowed out, that the finger could be passed up to the *os internum* with the greatest facility.

Having ascertained this condition of affairs, I could make but one diagnosis, and that was malignant disease of the cervix. Its whole tissue is now undergoing a process of necrosis and sloughing, by which means blood vessels are continually becoming exposed, and hence we have this constant metrorrhagia. As to the prognosis, there is no method known to medical science of putting an end to disease of this kind. Even the radical operation of extirpation of the entire uterus, if it could be performed successfully, might not remove it; and there would be scarcely the slightest possible chance of the patient's surviving such a procedure. But while we may not hope to cure this woman, there is no necessity for letting her bleed to death. We can, at least, adopt certain measures that will prolong her life, possibly to a considerable extent, and render her comparatively comfortable. I will mention two operations, therefore, by means of which this may be accomplished.

First, we may make use of Simond's curette, which is something like a salt spoon with a cutting edge. By means of this we can cut directly through the soft mass to the sound tissue beneath, and scrape out all the diseased portion of the organ. By this procedure very copious hemorrhage is always excited, but it never proves fatal, as a point is soon reached by the instrument at which the bleeding ceases.

Not infrequently this operation scoops out nearly the whole uterus, leaving but a mere shell. About six weeks ago I found it necessary to do this in one case, and at last I was afraid to cut any further, for fear of going through into the peritoneum.

Secondly, we can apply the galvano-cautery for the removal of the diseased portion of the uterus. If a sufficient amount of tension is kept up upon the cervix during the operation, a stump, with a concavity somewhat like that which results from the use of Simond's curette, is left. Still, I do not think it really as good as the cutting operation. The latter, however, it must be confessed, is a very bold procedure; and the profuse hemorrhage caused by it is very apt to alarm a novice in performing it. It is an essential part of it that it should be done at once, quickly and thoroughly, and if the operator hesitates in his work the hemorrhage may be allowed to go on until the most serious consequences result. Hence, in inexperienced hands the galvano-cautery is preferable. When this is employed care should be taken that the wire is kept only at a red heat, because it accomplishes the desired end a great deal more efficiently if this is the case than if it is white hot.

By such operations as these the progress of the disease is often very materially delayed, and sometimes there is no return of it for years. This is as much as we can expect in such cases, for a permanent cure, as I have remarked, is out of the question.

In conclusion, I would say, by way of warning, that I believe the man who operates in any case of cancer of the uterus to be highly culpable, because in many instances the disease has extended far beyond any point which it is possible to reach by any operative procedure, before the patient applies to the physician at all.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

This Society met at Albany, February 3. The President, Dr. H. D. Didama, was in the chair. About 175 members were present on the first day.

Rev. Albert C. Foster offered prayer, and the President then delivered the inaugural address.

On motion the address was referred to a committee, to consider its recommendations.

After the transaction of some routine business Dr. Geo. T. Stevens, of Albany, read a paper on the "Relation between Imperfect Action of the Ocular Muscles and Functional Nervous Diseases."

On motion, a committee of arrangements to invite medical members of the Legislature to attend the meetings of the Society was designated.

A paper on "Forced Alimentation" was read by Dr. A. Hutchins, and one on "Rectal Alimentation," by Dr. Potter.

Dr. David Webster, of New York, read a paper on "Extracting a Splinter of Wood from the Cornea;" Dr. Buel, on "Removing Bodies from the Eye," and Dr. Gibney, on "Caries of the Ankle Joint."

Papers were read as follows: By Dr. J. W. S. Gourley, of New York, on "Cystorrhagia;" by Dr. C. W. Wey, Elmira, on "Perityphlitis;" Dr. A. H. Vanderveer, of Albany, on "Typhlitis and Perityphlitis;" Dr. D. B. St. John Roosa, of New York, on "Evil Consequences of Neglected Cold in the Head." The latter paper was discussed by Drs. Jacobi, Kneeland and Didama. Dr. Bulkley, of New York, read a paper on "The Management of Infantile Eczema;" discussed by Drs. Jacobi, Moore, Sherman, Piffard, Didama and Bulkley, after which an adjournment was had until half-past seven in the evening.

The principal business of the evening was the reading of the By-laws and proposed amendments, as reported by the Committee on By-laws. Considerable discussion ensued upon the recommendation that the annual dues of permanent members be increased from two to five dollars, which required a call for the ayes and noes, to settle it in the affirmative. The other changes recommended were adopted.

Dr. J. C. Peters read a paper on "Stamping Out Zymotic Diseases."

Dr. H. D. Piffard made some remarks on the medical laws of the State, at the close of which the President appointed Dr. Piffard, Dr. W. C. Wey and Dr. W. H. Bailey a committee to investigate the proposed revised statutes.

On the second day, after some routine business, Dr. Diamond, of Cayuga, presented a number of names for enrollment upon the "roll of honor," which is to include the names of physicians who have rendered some specially valuable service to the cause of science and in the interest of humanity. He also recommended that the names of those who have made useful discoveries in surgery should be included. His motion was carried.

Dr. Jacobi, of New York, offered a resolution providing that the President appoint a committee of five members to coöperate with the Society for the Prevention of Cruelty to Children, pertaining to the physical and moral welfare of infant children. This resolution was offered with special reference to the recent disclosures of mismanagement and cruelty at the Shepherd's Fold, in New York. The resolution was adopted unanimously, and the committee instructed to report at the next meeting of the Society.

Papers were then read by Dr. Charles C. F. Gay, of Buffalo, on "Refracture, for the Cure of Deformity;" by Dr. R. Weir, of New York, on "A New Method of Treating Deformities of the Nose:" and by Dr. Gray, of Utica, on "The Uses of Ingredients in Cases of Insanity."

On motion of Prof. Dalton, a special committee was appointed to act at any time and at their own discretion, upon the question of vivisection.

Among other papers presented were one by Dr. Dalton, of New York, on "Vivisection;" Dr. Moore, of Rochester, on "Colles' Fracture." Dr. Sayre, of New York, gave a practical illustration of the treatment of lateral curvature by self-suspension and the use of plaster-of-Paris vests. Dr. Shrady, of New York, read a paper on "Resection of Humerus;" Dr. Phelps, of Chatauquay, on "Pyæmia;" Dr. Sturgis, of New York, on "Galloping Syphilis;" Dr. Steine, of New York, on "A New Method of Urethral Dilation;" Dr. Chapman, of Brooklyn, on "Mercurials in Congestion of the Stomach;" Dr. Lewis, of New York, on "Treatment of Cancer;" Dr. Whitbeck, of Rochester, "A Case of Double Ovulation."

After these papers were read and some of them briefly discussed, the Society adjourned to meet in the Assembly chamber of the new Capitol, to listen to the annual address of the President, Dr. H. D. Didama.

He referred to the conquests gained by ovariotomy, and the early opposition to it and to other victories of surgery, and passed on to what remains to be done. He said—

"Much as has been accomplished in the recent past, the medical profession is not compelled to shed bitter tears because there are no new worlds to conquer. There are incentives to the noblest ambition and deepest research, in the abundance of work still remaining undone—still clamoring to be done.

"Phthisis still holds its bad eminence in the mortality tables, killing one-sixth of all who die. Fatal epidemics are not infrequent. The deadly yellow fever bids annual defiance to the resources of medical skill. One-half the human race continue to die in early infancy and childhood. General paresis, locomotor ataxia, measles, typhus and typhoid fevers and diphtheria continue to claim their victims. And to-day our best medical authorities conserve this class by the axiomatic statement that the various contagious and infectious fevers and other self-limited diseases may be watched and guarded but cannot be cured. Must this remain true? Must our aspirations and hopes and efforts be paralyzed by the diction of authority—Thus far canst thou go but no further? It is but a brief period since it was held and taught by the illuminate of the profession that Asiatic cholera arose without known cause and spread mysteriously, subject neither to therapeutic restraint nor sanitary law; that smallpox originated from filth and bad air. It is not denied that certain diseases give off specific contagia, which possess the power of indefinite self-multiplication. This power of reproduction pertains not only to dead matter, but to living beings. The doctrine of spontaneous generation is dead. The specific germs of several diseases were described. The germ theory accounts, as no other hypothesis does, for the incubation of eruptive and malarial fevers. It claims that each disease has its special pabulum, so that scarlet fever can consume its peculiar food, once and forever, yet leave an abundance of nutriment suitable for the growth of measles or smallpox. It was shown that constant and long-continued treatment is necessary to eradicate the more obstinate seeds of disease, especially in intermittent diseases.

"A State Board of Health, composed of the most learned, prudent, practical and energetic sanitarians in the land, to whom should be given plenary power, might dissipate prevailing ignorance, rouse the people from their dangerous apathy, and compel the accomplishment of incalculable good. It would be the duty of this board to instruct the laity, and the profession as well, concerning ventilation, drainage, sewerage, foods and drink, pointing out that the germs of many deadly diseases, while never produced by filth, are often transplanted to it, that they breed and flourish in it and are disseminated by it. It should be the further duty of this board to teach that zymotic diseases are preventable and should be abolished, and to impress upon the people that the continuance of these diseases should imply not ignorance alone, but criminal negligence.

"A few zealous specialists oppose and seek to prevent by legislative enactments all experimentation on living animals, however carefully and painlessly conducted the investigation may be, and however wisely designed to advance that science which relieves human suffering and prolongs human life—as if the humblest of us were not of more value than many sparrows."

Speaking of the difficulties laid in the way of advancing science, he referred to the reforms necessary, and encouraged his hearers and fellow-workers to labor with patience and perseverance for the grand results that were inevitable in the future. He suggested a more careful and

practical course of instruction for medical students, and argued the great importance to the future welfare of the people, of the manner in which the rising generation of physicians were trained for their future work. Dwelling upon the future possibilities, he closed by saying: "However anxious I may be that needful reforms should take place speedily, I am not discouraged at the slow progress which fruitful truth makes in permeating the masses of men, for she has 'the eternal years of God' before her; neither am I doubtful of that final triumph of sanitary, medical and religious science, when 'there shall be no more an infant of days, for the child shall die an hundred years old,' and when the hoary head shall always be a crown of glory, because always found in the way of righteousness."

At the close of the address, Dr. J. P. Gray, of Utica, moved that a card of thanks be tendered the President for his able address: seconded by Dr. Kneeland and unanimously adopted.

The evening of the second day was spent pleasantly at a banquet at the Delavan House.

The closing session was held on the 5th.

Papers were read by Dr. James Chapin, of Medina, on "Penetrating Wounds in the Thorax;" Dr. F. C. Curtis, Albany, on "Suggestions Touching Impartiality in Examination of Candidates for Diplomas;" Dr. E. D. Ferguson, Troy, on "Diaphragmated Hernia;" Dr. J. Vedder, Saugerties, on "Hygiene;" Dr. Fox, New York, on "Vascular Nævus;" Dr. A. McLane Hamilton, New York, on "The Lunacy Question;" Dr. E. Harris, New York, on "Domestic Pestilences."

The nominating committee reported the list of officers for the ensuing year, which was read and adopted. The officers are as follows:—

President, Dr. Wm. H. Bailey, of Albany; Vice-president, Dr. Abram Jacobi, of New York; Secretary, Dr. Wm. H. Smith, of Manlius; Treasurer, Dr. Chas. H. Porter, of Albany.

After the appointment of committees, etc., resolutions of thanks to the retiring officers were offered and adopted, and the Society adjourned *sine die*.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. H. Rihl read a paper upon "Obstinate Hiccup;" which see, page 155.

Dr. Updegrove said he was called to see the case, in the absence of Dr. Rihl. It was the first case of the kind he had seen, and he obeyed the summons with mingled feelings of confidence and surprise that a doctor should be called to relieve so trivial a symptom. After trying all the methods and means he could devise at the time, without success, he became as anxious to get away from the case as he had been bold in approaching it. As a last resort, he administered chloroform to profound anæsthesia, and escaped as quickly as possible. He has since learned that the hiccup returned before he gained the street.

Dr. Eskridge said he believed the physiology of hiccup to be pretty well settled. Theoretically, there could be three seats of the pathological irritation causing this disturbed action. 1st, in the brain; cutting off its regulating power. 2d, in the cervical region of the spine, the centre of reflex action. 3d, in the muscle of the diaphragm itself. He suggested the attempt to diagnose the exact seat of the lesion and then try curare, to allay irritation of the nerve centres; potass. cyanide, for muscular irritation: and ergot, or cannabis indica, to contract the vessels of the spinal cord, and thus relieve its congestion.

Dr. Wittig said he classed the disease with the affections of the nerves, and would use antiphlogistics, to relieve it in the early stage. Later he thought that there exists an exhausted condition similar to that which obtains in chorea, and would then give tonics, as nitrate silver.

Dr. Smith said he recently had a case of persistent hiccup, following a debauch. A spray of ether to the epigastrium brought speedy relief.

Dr. Walker said he would suggest the use of blisters to the neck when the lesion was in the spinal region. He had seen great relief obtained in that way. He also called attention to the fact that amyl nitrite could be administered by the stomach with safety, by which better results might sometimes be obtained than by inhalations.

Dr. Beattes said he had treated one case of obstinate hiccup, which had persisted for three weeks before it came under his care. The patient was anæmic and suffered from neuralgia, palpitations and dyspepsia, with pain and tenderness in the cervical region of the spine. He diagnosed a fatty heart, and attributed the other symptoms to spinal anæmia. He gave digitalis, to quiet the heart's action, and put the patient upon a tonic, consisting essentially of phosphate of iron and strychnia. The hiccup disappeared gradually as the general health improved.

Dr. Oliver had seen one case, while a resident of the Philadelphia Hospital, under Dr. Pepper. The number of spasms was not very great (about 30 per day), but severe, bringing on emesis and its accompanying prostration. The trouble continued four weeks without relief, when the patient was transferred to the ward for nervous diseases, and he lost sight of the case.

Dr. Walker reported a case of fever recently occurring in his practice. There were the usual prodromes of typhoid, and on the sixth day he saw the rose-colored spots, confirming the diagnosis. On the ninth day, however, the fever disappeared, never to return. He believes that this fever does not run a course so regularly as described in the books, neither in length of duration or of range of temperature.

Dr. Eskridge said he should class Dr. Walker's case as one of abortive typhoid of the German authors, which is described as usually ending on the tenth day. In regard to the range of temperature, he recently had a case of hæmoptysis, in which the temperature for a week was exactly that laid down in the books as characteristic of typhoid.

Dr. Smith recently had two cases of abortive typhoid in children. They were well in two weeks. The speedy cure could not be attributed to medicines, for the treatment consisted in little more than regulating the diet.

Dr. Rihl reported a case of abortive typhoid well in ten days. While convalescing, however, the patient took a very long walk, becoming exceedingly tired. The next day the fever returned, and this time ran the usual course of typhoid fever. He thought such a case proved the identity of this abortive form with true typhoid.

Editorial Department.

Periscope.

Curious Case of Urticaria, Yielding to Electricity.

At a late meeting of the Cincinnati Academy of Medicine, Dr. Geo. E. Walton reported a somewhat unique case of urticaria occurring in a woman, forty-seven years of age. The wheals extended over the entire surface of the body, even to the palms of the hands and soles of the feet, and the itching was very intense. While in the recumbent position the eruption disappeared, to again manifest itself when the patient arose. Shortly after retiring at night the itching ceased entirely, but within a few minutes after rising in the morning the eruption again returned. The affection could not be traced to malarial influence nor to any indiscretions in diet. Various plans of treatment were resorted to, but proved futile. After the failure of these the speaker felt inclined to attribute these manifestations to causes dependent upon the patient's period of life. She was just approaching the climacteric, her menses being rather irregular. The disease must then, he thought, be due to some derangement in the circulation of the spinal cord. This was, of course, dependent upon a disordered nervous system. He finally resorted to the use of the constant current of electricity, applying the positive pole to the nape of the neck and the negative over the sacrum. These applications were made twice a day. Even after the first session marked amelioration of the symptoms were observed, and at the end of three or four days a perfect cure was effected. Of the exact nature of this circulatory derangement he was not yet willing to venture an opinion.

Lunar Caustic in the Treatment of Ophthalmia.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette*: There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

Mental or Imaginary Hydrophobia.

A writer in the Dublin *Journal of Medical Science* observes that there is no disease in which the influence of the mind over the body is more exemplified than in hydrophobia. There is, as Trousseau has pointed out, a special form of complaint called mental hydrophobia, which is brought on by emotion, on seeing rabid individuals, or on hearing a description of real cases of hydrophobia. This nervous kind of hydrophobia, called also lyssaphobia and hydrophobia imaginaria, may develop itself under the influence of intense mental emotion, or when certain excesses or special conditions induce dysphagia or a disgust for food. Trousseau has known medical men—men of strong minds and of courage—who, although well aware of the conditions needed for the development of hydrophobia, for several months and even years, after having attended persons suffering from hydrophobia and dissected their bodies, were seized with more or less continued dysphagia, on the mere thought and recollection of the scene which they had witnessed. Time alone relieved them of this nervous susceptibility, which manifested itself in the shape of spasm of the pharynx, and they cured themselves of it by appealing to their knowledge of the disease, and by forcing themselves to drink some liquid whenever they felt the sensation coming on. In this mimetic hydrophobia there is only dysphagia, or difficulty in swallowing, and there is no general convulsion, the spasm affecting the pharynx alone, while the breathing goes on with regularity. The sudden invasion of the complaint, generally coming on through the person calling to mind, or hearing the relation of, a case of true hydrophobia, and the duration of the dysphagia over four days without any more urgent symptom appearing, are amply sufficient to characterize the affection, and to enable the patient's medical adviser or friends to persuade him that he is suffering from mere nervous symptoms which will vanish as soon as

he ceases to fear. With appropriate treatment these cases invariably terminate favorably, and are then apt to be regarded as instances of recovery from hydrophobia.

The Value of the Dependent Position of the Head in Operations on the Mouth and Throat.

Professor Thomas Annandale, of Edinburgh, in the *Lancet* of Nov. 8th, 1879, states that eighteen months ago, when removing the greater part of the lower jaw, including its symphysis, he tried the plan of allowing the patient's head to fall over the edge of the table. Although the tongue immediately fell back toward the posterior wall of the pharynx after the attachments of the tongue to the jaw had been freely divided, the man's breathing was perfectly easy—much more so than when the head was raised or lay level with the trunk. Before the patient left the theatre, he demonstrated this fact several times to the students present, and thoroughly convinced them and himself of its correctness.

The experience of this case led him to place the head in the same position in his next operation on the throat (thyrotomy); and since then he has performed many operations in this way on the mouth and throat with complete success, and with great facility as regards the prevention of blood passing into the air passages, the obtaining a good view of the parts, and the carrying out of the necessary manipulations.

Among the operations in which he has used this method, have been a second case of thyrotomy, two cases of tumor of the palate, one case of large epulis, and three cases of cleft palate. In all these operations he has been impressed with the advantages of this position of the head. Complete anæsthesia, by means of chloroform, or a mixture of chloroform and ether, has been kept up without any inconvenience during the whole proceedings.

His present method of keeping the head in this position is to have it hanging over the end of the table and supported there by the hands of an assistant; but he is having a little addition made to his operating table, which will allow the head to be supported in this position more efficiently.

Faradization in Cases of Chronic Alcoholism.

W. J. H. Lush, M.D., F.R.C.P., F.L.S., in the *Lancet*, Nov. 29th, 1879, states that for some time past he has had many opportunities of testing the efficacy of the application of electricity in the treatment of chronic alcoholism, both in cases met with in the ordinary course of private practice, and also on patients placed specially under his charge, and over whom he consequently had more complete control; and in suitable cases he is confident that it is an agent of very great value.

The cases in which he has found it most useful are those in which drowsiness, a shattered nervous system, constant vomiting, and a great want of bodily and mental power are the marked symptoms. The use of galvanism was, of course, combined with other hygienic and medicinal remedial measures. He hopes shortly to publish particulars of several cases which have derived marked and permanent benefit from the use of galvanism, and in the meantime he should be glad if others who have tried this method of treatment, or who have had opportunities of forming an opinion as to its results, would place their experience on record or communicate with him personally. He has been in the habit of using a moderately strong, constant current battery, and in applying the current he has not paid particular attention to Ziemssen's points, although in future cases he is inclined to think it would be better to do so.

Practical Notes on the Treatment of Phthisis.

Reginald G. Alexander, M.A., M.B., Senior Physician to the Bradford Infirmary, in an article published in the *Lancet*, Nov. 22d, 1879, judiciously points out that in the treatment of phthisis our great aim must be to improve nutrition by improving the general health. The diet must be as nourishing as the patient's weak digestive power will allow. The food is to be thoroughly masticated and insalivated (not washed down with tea and hurtful diluents). The air of bedrooms and sitting rooms must be kept pure, and as little gas used as possible. The function of the skin stimulated by an occasional Turkish bath, and also by the daily use of sponging with salt and water. Sea salt may be given to hospital patients, to encourage cleanliness. If the skin can relieve the imperfectly acting lungs, how necessary to increase its function. These are some of the measures which benefit the dyspepsia of phthisis, one of the earliest premonitory symptoms, and one of the most obstinate. Medicine plays an important but secondary part in this disease. Our object being to improve digestion and nutrition, nauseating drugs—opium, squill, ipecacuanha—must be seldom used. The early dyspepsia is best treated by salines, with strychnia, followed by acids, such as phosphoric acid and quinine. As a rule, acids agree best, for although there is excess of acidity in the stomach, it has been shown that it can be checked by the use of acids given before meals, an explanation of their undoubted benefit in phthisis. Cod-liver oil, cream, cod-liver oil jelly, pancreatic emulsion, suet dissolved in milk, are all beneficial; but small doses should be given at first, directly after meals. The hypophosphites of lime and soda give good results in some advanced forms of unilateral phthisis. Much has been done to improve the hygiene of all classes, but much remains to be done, and these preventive measures alone can help us to stamp out a disease so hereditary in its nature. Animals confined in menageries and zoological gardens die phthisical from lack of air and light, and we are painfully struck with the unhealthy state of the workshops of our large towns. Some are cellars, damp, dark and cheerless, killing by inches the occupants; cottages, and even better houses, with unopening windows. This is a subject of great scope and importance for medical officers of health to take up who have already done so much toward stamping out zymotic disease and

checking the spread of typhoid fever, etc., throughout the country. Such treatment, as briefly sketched, is the only one suitable for early phthisis, and even in advanced cases we must not despair. By perseverance in the right way, even when the lungs are very seriously injured, the tubercle may become absorbed or "cornified," and rendered inert; and our post-mortem rooms often exhibit lungs with a cicatrix at their apices, clearly indicating that a curative process has taken place, even in the last stage of the disease.

The Treatment of Lupus by Linear Incisions.

From a letter to the *Medical Press and Circular*, dated Paris, December 8th, 1879, we learn, that at the meeting of the Académie de Médécine, held during the previous week, Dr. Vidal read a paper on "The Treatment of Lupus by Linear Incisions." Having operated on 120 patients since 1875, M. Vidal has been able to study the effects of scarification, in every variety of lupus and in all its stages. In detailing his researches, he mentioned the names of several medical men who adopted this new mode of treatment in a more or less modified form, among whom was Dr. Balmanno Squire, of London, who after making the incisions used a solution of chloride of zinc as a caustic. M. Vidal gives the preference to simple parallel incisions, and made as near to each other as possible. The loss of blood is trifling. After five or six scarifications, which can be made at an interval of six or eight days, there is an appearance of a cure. But through the cicatrix may be seen certain white points, which are minute tubercles, which must be destroyed by passing the needle through the cicatrix. This is the most tedious part of the treatment, and must be continued until all vestiges of the disease have disappeared. M. Vidal closed with the following conclusions:—1st. The treatment of lupus by scarification is a less painful and the surest mode to prevent a return of the disease. 2d. It is applicable to every form of lupus, ulcerating or non-ulcerating.

Symptoms of Chronic Arsenical Poisoning.

Mr. H. Carr, in a recent pamphlet, mentions the following symptoms, illustrating the effects common to the use of arsenical wall papers and cosmetics:—

The symptoms of chronic poisoning by arsenic begin with what appears to be an ordinary cold and cough, dryness and irritation of the throat, and frequent headache; extreme restlessness; great debility, accompanied by cold, clammy sweats; cramps of the legs; convulsive twitchings; and a group of nervous symptoms, varying in each case. Inflammation or irritation and smarting of the eyes and nostrils is often the most marked symptom, lasting for days, weeks, or months, sometimes accompanied by irritation of the whole mucous tract, short, dry cough, sore throat, running on to diphtheritic throat; ulceration and soreness of the mouth and tongue; irritative fever, which, if persistent, exhausts the patient, and death takes place by collapse, coma, or convulsions. Among the symptoms there has been occasionally irritation of the skin, accompanied with eruptions.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Godey's Lady's Book, for February, maintains the well known character for popularity of that magazine. The fashion articles give the latest styles, and the literary matter is always pleasant reading.

——One hundred and seventy-six new books, and fifty-seven new editions, on medicine, surgery, and the allied sciences, including pharmacy, appeared in England during 1878. During 1879 the new books numbered 136, and the new editions 53.

——Dr. H. Gibbons, Sr., in a paper read before the San Francisco County Medical Society, and separately published, has entered a vigorous protest against "meddlesome midwifery." The ignorant or violent use of the forceps is the principal point which he condemns.

——*The Naturalists' Quarterly* is the title of a neat little journal, published by the Naturalists' Bureau, Salem, Mass., at the low price of 50 cts. per year. The first number contains, besides several interesting articles, a catalogue of works on natural history.

——In a reprint from the *St. Louis Medical and Surgical Journal*, November, 1879, David Prince, M.D., of Jacksonville, Ill., reports a case of partial forward dislocation of the head of the humerus, or backward displacement of the tendon of the long head of the biceps flexor cubiti, replaced after the lapse of one month.

——Balmanno Squire, M.R., Surgeon to the British Hospital for Diseases of the Skin, in the fourth edition of his essay on *Port-wine Mark and its Obliteration without a Scar*, states that he has effected a considerable improvement on the method first advocated, and that he has now succeeded in reducing the necessary duration of treatment very considerably.

——A brief history of the "metric campaign of 1879" has been forwarded us by the Boston Metric Bureau. Like many other histories, it records only the victories, not the defeats, of its side; it mentions its friends, but leaves its enemies in oblivion. From the standpoint whence we surveyed the field in 1879, the metric system seemed to receive several hard knocks, from which it has not yet altogether come to time.

THE

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MEDICAL CHARITY AND ITS ABUSES.

Recently we printed, with some incredulity, the extraordinary statement that about one-fifth of the inhabitants of this city apply, more or less, for gratuitous medical aid. Although we still think this figure is excessive, further attention to the subject convinces us that it is not excessively out of the way; that, at any rate, considerably more than one-tenth of the population frequent, more or less, the numerous hospitals, clinics, dispensaries, homes, asylums, etc. It should be remembered that Philadelphia is an unusually well-to-do city; its lower classes are singularly free from physical wretchedness and abject poverty. It is in but few localities overcrowded, and rarely needs an honest and willing man or woman lack for the necessaries of life.

The question arises whether the gratuitous medical services given so freely are an advantage to the community? There are some political economists who maintain that in the ideal state the profession of medicine should be maintained by the government, and all the inhabitants have medical attendance and drugs free. Such is the condition in armies, on board ships, etc., and also on the island of Malta, and in certain limited localities elsewhere. These writers say that it is the interest of the physician to have people sick, otherwise he has no business; while it is to the interest of the commonwealth to have its members well. Hence the short and simple way to reconcile these conflicting interests is for the State, and not the patients, to pay the physician. The fewer sick he then has to look after, the more abundant will be his leisure, without diminishing his income.

To this theory the general objections may be urged which are at hand against all paternal government. It has repeatedly been found that the free development of the individual, without needless restraint and without officious assistance, is most consonant with national prosperity, and is, therefore, the true aim of government. The conflict referred to will largely adjust itself by the greater fame of the physician who heals promptly; his loss in visits to one patient will be more than counterbalanced by the advent of half a dozen others attracted by the reputation he attains. Moreover, it may be said to be well proved that the only real way to help people is to put them in the way to, and, in fact, make them, help themselves.

This is eminently true of medical aid. What people do not pay for, either in labor or in money, they do not prize; they value it at about what it costs them, and that is at nothing. The doctor who gives advice gratis is supposed to do so because he cannot get a chance to dispose of it at any higher price. He is eyed with suspicion, or esteemed of small account. Naturally enough, no great amount of gratitude is shown him.

Last summer, an old physician, in a letter in the Canada *Lancet*, written to a young practitioner who had addressed him about a no-pay patient, expressed the result of his experience in the following terms:—

"Having, in a long time of practice, both from choice and necessity, done a good deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing

always offset it by liberal abuse, which keeps away those who would pay.

"The man you write about may be a very worthy man; but if you were making a struggle to build a house, would he or any one else work for you at reduced rates? It is the doctors themselves, who allow their kind feelings to overrun their judgment, that are responsible for the wholesale robbery to which every doctor in the land is subjected. We deal with the afflicted; so does the undertaker; yet he is not expected to work for nothing.

"The people who pay are always grateful; the people who do not are, like other dead-heads, abusive, and always the most exacting and querulous."

This is the general experience of the profession, we do not doubt. To be sure, no one should do a good act with expectation of gratitude for it. That were a selfish motive. But the absence of gratitude for favors shown is a bad trait in a man's character, and it were better for him that he should not have the favor than to receive it and be ungrateful for it.

It is obvious that those who can pay, but who, nevertheless, frequent clinics and dispensaries in order to get medicines and medical attendance for nothing, do a doubly unjust act: they take from the really poor what has been, by charity, provided for them; and they filch, as it were, from the physician, the advice and labor which are his stock in trade, and which he has acquired only at great expense of time, toil and money. There is no excuse for such action, and we can only believe that many do it without considering its real bearings.

It is disagreeable for a physician to a charity to cross-examine, and suspect and watch the sick who appeal to him, to see if they are not unworthy. But there seems no escape from this unpleasant duty. It apparently will have to be held as part of what the tasks of his vocation impose upon him.

Experience seems to teach that charity is at its best when it has nothing to do with sentiment. This doctrine is harsh, but so is most truth. It is better to make all patients pay who can, not for the sake of getting their money, but as a part of their moral education. Such a course benefits the profession more than indiscriminate charity, and it is yet more beneficial to the public at large.

Notes and Comments.

Therapeutical Notes.

SLIPPERY ELM SUPPOSITORIES IN PILES.

These are recommended in the *Medical Herald*, by Dr. E. J. Kempff. He observes that suppositories made of powdered slippery-elm bark and warm water (sufficient of the latter to make a sticky mass), medicated with fluid extract of belladonna or ergot, recommend themselves in rectal diseases and for piles, enlargement of the prostate gland or uterine fibroids. They become slimy, dissolve gradually, and medicate very slowly.

LINIMENT FOR NEURALGIA AND OTHER PAINFUL AFFECTIONS.

R.	Chloral hydratis,		ʒj
	Gum. camphoræ,		ʒiss
	Chloroformi,		ʒvj
	Tr. aconiti,		ʒij
	Olei menthæ pip.,		ʒiij

Sig.—Rub the affected part well, as often as necessary.

The above is highly recommended by Dr. J. Cirnat of Indiana.

SULPHUROUS ACID IN DIPHTHERIA.

Dr. W. W. Carpenter, of California, in the *Medical Herald*, January, states that in diphtheria his treatment is—

R.	Acidi sulphurosi,		
	Aquæ puræ,	āā	ʒj
	Glycerinæ,		ʒvj. M.

Sig.—From one-half teaspoonful to a dessertspoonful, according to age, every half hour.

Seldom is anything beside this required. But if the case is very malignant, the acid can be combined with sulphur, or a saturated solution of potassæ chloras can take the place of the water in the above formula.

BENZOATE OF SODA IN ULCERATIONS.

In scrofulous and syphilitic ulcerations Schüller and Berkart have derived decided benefit from the internal use of benzoate of soda (*Medical Press and Circular*, December, 1879.) The latter recommends it in the following formula:—

R.	Sodii benzoatis,		ʒss
	Tr. cardam. comp.,		ʒss
	Aq. menth. pip.,	ad	ʒj. M.

For one dose, to be taken twice daily.

The latter thinks it is valuable in many forms of constitutional syphilis.

ATTACKS OF SNEEZING.

According to Mr. S. M. Bradley, a well known English surgeon, persons liable to attacks of sneezing on exposure to changes of temperature can instantly check the tendency by plugging the nortrils with cotton wool.

A Form of "Land Scurvy."

In the last (February) number of the New Orleans *Medical and Surgical Journal*, a correspondent in Louisiana describes an affection which strongly resembles what is known in Germany as "land scurvy." He states that the part disordered is the gums, which are of a dark red, have a tendency to bleed easily, cleave from the teeth, making them look unnaturally long; the breath is disagreeable, and the patient does not seem to suffer much inconvenience from it, except at times, when the disease seems to be particularly increased. The patients drink, smoke, chew tobacco, etc., and eat, as others do. There is no unusual salivation, but when they bleed it seems to be from a surface, not from any crack or fissure. The parties are not of syphilitic character. It goes locally under the name of "scurvy," and is very difficult to cure. He says he has never cured a case yet, although he has tried acids, neutral salts, astringents, locally, together with iodide of potash internally.

We have seen such cases occasionally in the Northern States, but have found them to yield readily to chlorate of potash and citric acid, with a varied diet and improved sanitary surroundings.

Jaborandi in Dropsy.

The Boston *Medical and Surgical Journal*, January 15th, 1880, contains a report by Dr. F. H. Cilley, of Barnet, Vt., of the following interesting case:—

Mrs. H., aged fifty-five, who had had dropsy during the last five years, with valvular disease of the heart, on June 18th had severe dyspnœa; she had passed no urine for twenty-four hours, and had general anasarca. Half-drachm doses of the fluid extract of jaborandi were given every four hours. Its effect was manifested in half an hour; within eighteen hours she passed sixteen pints of urine; also profuse perspiration and salivation were induced. The dyspnœa was at once relieved. A second attack was relieved by the same treatment. The patient has had tonics during the last four months, and is now in good condition.

~~The Question of Performing~~ Surgical Operations During Pregnancy.

W. Cadge, F.R.C.S., Senior Surgeon to the Norfolk and Norwich Hospital, in the *Lancet*, reports a case of recurrent tumor of the breast, for which it became necessary to operate no less than thirteen times, during a period extending from April 13th, 1874 to December 20th, 1875. She was confined on the 21st of September, 1875, and several of these operations were performed in the latter months of utero-gestation, and one very severe one in the early stage of labor itself, and in every instance without, on the one hand, interfering with the important process of gestation, and on the other, without impeding the recovery from the operation itself. As Sir James Paget pithily says: "It would be mere recklessness to operate on such patients without good cause, yet if good cause for operating exists, they may be treated very hopefully." The patient died in the early part of 1876, from exhaustion.

A Novel Aid to the Diagnosis of Intemperance.

Dr. J. Wilkie Burman, in a letter to the *British Medical Journal*, suggests that in cases in which there may be doubt as regards the diagnosis of intemperance, the patient's watch should be examined with a view to ascertain whether the key-hole face be free from scratches. This should be done in such a manner as not to rouse the suspicion of a patient unwilling to admit alcoholic excess. He further states that he has verified, to a certain extent, the results that he should expect by such means of diagnosis, by the examination of a number of watches of teetotallers and notably temperate men, the key-hole faces of whose watches he found to be smooth and unscarred, while among a number of watches examined belonging to those of suspected or notorious habits with regard to alcohol in excess, he found more or less scarring and scratching of the key-hole face.

The Causes and Diagnostic Value of Lateral Movements of the Knee Joint.

Dr. R. Moutard-Martin, in *Revue Mensuelle de Médecine et de Chirurgie*, October 10th, 1879, contributes a clinical and experimental study on the lateral movements of the knee joint, especially with reference to the causes and value of this sign in the case of white swelling. His conclusions are—1, lateral mobility points to ligamentous or cartilaginous lesions; 2, when the lesion is ligamentous there is at least destruction of the crucial ligaments and of one lateral ligament; 3, when the lesion is cartilaginous there is at least diminution in thickness of the encrusting cartilages (which may proceed to their disappearance); 4, mostly both kinds of lesion coexist in cases of white swelling; 5, hence the prognosis is always grave; 6, treatment in the case of white swelling should consist in seeking

for anchylosis, by all possible means, before having recourse to amputation.

The Inhalation of Hydrofluoric Acid in the Treatment of Diphtheria.

The Medical Press and Circular of December 31st, 1879, informs us that Mr. Henry Bergeron has obtained very favorable results from inhalations of an atmosphere containing a definite small proportion of hydrofluoric acid gas. The quantity employed is one gram for each cubic metre (1.3 cubic yards) of air space in the room during three hours. The gas is generated by allowing the proper amount of acid slowly to evaporate from a vessel (of lead) placed on a table a short distance from the bed of the patient.

Correspondence.

The Use of Blisters in the Treatment of Pneumonia.

Ed. Med. and Surg. Reporter:—

In the issue of this journal of the 17th of January a reader requests, and the editor invites, under Queries and Replies, the expression of opinion upon the use of blisters in the treatment of pneumonia. As this is a question of some importance, and one which has interested the writer much for some years, it may not be out of place to present, in a brief way, a few thoughts upon it.

Pneumonia is a disease in which the value of a remedy, or, indeed, a whole plan of treatment, cannot be measured by the percentage of recoveries, because in a large proportion of cases health would be regained without medicinal treatment. It is doubtful, indeed, if there are many cases of uncomplicated pneumonia, in ordinarily healthy persons, that will not get well with good nursing alone. The influence of our medicinal agents must then be determined by the extent to which they palliate suffering and shorten the duration of the disease.

Blisters, like all forms of counter-irritation, primarily stimulate the nervous, particularly the vaso-motor centres, and if their action is long continued irritate and depress them. This is most commonly illustrated by the vesication of burns, which in all its characters resembles very closely that of cantharides. The injury, if not so extensive as to produce perceptible shock, gives rise immediately to increased power and frequency of the pulse, and elevation of the temperature. After these conditions continue for some time, with the accompanying pain, the force and fullness of the pulse diminishes, while its frequency may remain unchanged or increase, indicating depression of vital power. The duration and intensity of these opposite stages vary, of course, with the extent of surface vesicated. If the surface be small and the action of the blistering material not long sustained, the stage of depression may not follow, or, at most, not become perceptible. These conditions correspond strikingly with the systemic symptoms of pneumonia. We may be reminded in this connection also, that superficial burns of the trunk, especially of the chest, when large, are often quickly followed by inflammation of the lungs. The prominent symptoms of the first stage of the disease, referable to the nervous system, are pain, a full, strong and frequent pulse, and elevation of temperature—precisely what follows the application of a large blister, It would seem, then, from a physiological point of view, that blisters cannot be of service in the early part of the disease; and clinical experience confirms it in the observation of the fact that they increase the fever and general excitement of the nervous system. Whether they relieve the inflammation in the lung, simultaneously with their bad effects on the system, by a derivative action, as some think, is doubtful. Upon physiological grounds this theory is utterly untenable, because there is no direct vascular connection between the external surface and the lungs, and the amount of blood diverted and the serum discharged by the blisters could not sufficiently affect the fullness of the blood-vessel system to deplete the inflamed organ. Nor is it likely that they could in this stage affect the seat of the disease advantageously through the medium of the nervous system, since their effect would be, as already mentioned, to increase the excitement of the nervous and vascular systems, and so still further augment the paresis of the blood vessels of the part. If it were possible to obtain the secondary effect of extensive vesication without the primary pain and stimulation, it might possibly be of advantage in this stage.

After the first stage, when the fever begins to abate and the excitement of the cerebro-spinal nerves system subsides, and the force of the circulation diminishes, depressants are no longer needed. It seems clear, then, that the depressing or secondary effects of large and deep blisters cannot be utilized in any stage of the disease, and that their stimulant action can be of service only after the first stage; and, further, that they should then be used in such a way as to produce this action only. This, then, would restrict the use of them to small surfaces or quite superficial vesication; used in this manner they are of threefold advantage: they palliate cough, relieve pain, and hasten the absorption of the effused material at the seat of inflammation. In the experience of the writer, they have answered these purposes best when applied over a moderately large surface, allowed to act only very superficially, quickly healed, and frequently reapplied in other and contiguous places.

For aiding in the removal of the products of inflammation, they are probably the best form of counter-irritation, as also for the relief of pain in protracted cases. To lessen the cough, mustard plasters are equally serviceable, and in some cases better. They possess an advantage in being more easily managed. For this purpose they should be large, and applied only until rubefaction of the skin is produced, but frequently repeated—once or twice daily. Applied in this way, mustard affords marked relief also to cough in subacute and the later stage of acute bronchitis.

The writer recently treated a gentleman from the country, for a cough which he had contracted a month previously, and for which he had taken medicine without benefit. He was ordered to take a cough mixture which contained no opium or other narcotic, and to apply a large mustard plaster to the front and back of the chest alternately, every second day. At the end of about a week he reported that the plasters did very much good, and that the cough was always much easier for some hours after the use of one. He then applied them daily, with increased benefit. In the treatment of all forms of cough unaccompanied with fever, they are an important adjuvant, especially in persons who do not bear opiates well. But in the beginning of inflammatory diseases of the air passages the writer has never derived any benefit from them, unless used in connection with warm baths and diaphoretics, and then the good effect was, in all probability, due to these.

In pneumonia, they are preferable to blisters, in young children and aged persons, and those who are constitutionally weak.

The conclusion, then, is, that blisters are serviceable only during the decline of the disease: that their best effects are obtained by light and frequently repeated action; and that they should not be used in preference to milder forms of counter-irritation, in the cases of persons with lowered vitality. D. B. D. Beaver, M.D.

Reading, Pa.

Ed. Med. and Surg. Reporter:—

Just a few words in reply to Dr. Stewart's views, expressed in his answer to Dr. J. W. F.'s queries on blistering in pneumonia.

Dr. Stewart states that "the only benefit to be derived from blistering in pneumonia is in its action as a derivative, which can be obtained only in the stage of congestion." And this now prevails largely among the profession, to which fact is to be attributed, in a great measure, the unmerited neglect into which this agent, as a remedy in pneumonia, has of late years fallen. Did my experience corroborate Dr. Stewart's statement, I would heartily endorse his advice not to resort to it at all, for I honestly doubt whether any good is ever obtained from its derivative effects in this disease. My experience with the agent has been encouraging, and I regard it as highly valuable when judiciously employed. I take it that it is contraindicated in the congestive stage of the disease, and should be resorted to only in the latter stages, in order to procure, not its derivative, but its stimulating, action. When, after a fair trial of the ordinary treatment, the lung continues engorged and solidified, pulse feeble, asthenia and apnœa increasing, in short, the condition of the patient growing worse, the plain and pressing indication is to stimulate the absorbents and then disburden the lung of the exudation which is clogging the vesicles and jeopardizing the life of the patient. Under these circumstances, I know of no better and more satisfactory way of meeting the indication than by applying a blister to the thorax.

I am aware that I am going counter to the expressed views and plain teachings of the majority of practitioners of the present day, but these are convictions which have sprung from frequently repeated personal observations.

C. Sams, M.D.

Waco, Texas, February 6th, 1880.

Belladonna in Diseases of the Intestines.

Ed. Med. and Surg. Reporter:—

Having for a number of years used belladonna in constipation and obstructions of the bowels, from hardened fæces in the rectum and colon, it was with pleasure that I read the clinical lecture of the distinguished teacher, Prof. DaCosta, which appeared in the Reporter for January 24, of the present year, in which the use of this valuable agent in torpid conditions of the bowels is advocated, and cases given which prove its efficiency. He gives it in the form of fluid extract, with comp. tinct. cinchona, preceded at night by a tablespoonful of sweet oil, to aid in softening the fecal mass. I read of its use several years ago, in "Braithwaite's Retrospect," and in that article sulphate of atropia was used in constipation, and good results followed. I soon after commenced to use the solid extract in place of the atropia, and used in connection with it small doses of epsom salts: teaspoonful in the morning, after the belladonna had been taken at night. Soon after I began the use of the pills, one-half grain, and have used them ever since. The use of this medicine obviates entirely the use of active and violent cathartics. The course I now pursue with those cases where the bowels have not been unloaded for some days, and where constipation has preceded for a long time, is to order them a half-grain pill of belladonna once in four hours, for one day. After two or three pills have been taken, I order one teaspoonful of epsom salts once in eight hours. I do not give any other medicine to act on the bowels. After the first day I give the pills once in eight hours, alternated with the salts. The pain is relieved in a short time, and in twenty-four or forty-eight hours the patient will have a motion of soft and liquid fæces, followed in a few hours by more. At the end of a week, and sometimes sooner, the passages will consist of hard, scybalous masses from the colon, and the amount will be enormous, and bring great relief to the system. After this has been accomplished, generally, one pill given at bedtime will procure a good motion in the morning; if it should not, a small teaspoonful of salts will, given before eating.

My patients will get uneasy when one or two days have gone by and no action from the medicine; it has required a good deal of urging in some cases to keep them using the remedies, instead of using some active cathartic. I have never failed in getting the bowels unloaded when this course has been pursued.

I had a case of peritonitis come under my care, in which the colon was full, from the cæcum to the rectum, as it could be felt in its entire length through the abdominal walls. He was in great pain, vomiting whatever was given him, and was growing worse very fast when I was called. I gave him some powders of morphia, soda and bismuth, to allay the irritability of the stomach,

and then commenced the use of the belladonna pills (half-grain), every four hours. The vomiting ceased after the administration of the first pill, and in less than thirty-six hours the bowels were moved in small quantity. The medicine was given at longer intervals for more than one week. At one passage he passed a chamber nearly full of hard, scybalous masses, which were dry, and so large that it required a great effort to void it. It was simply enormous, and the patient said—to use his own words, "he thought he would never get through." He had been dosed before I saw him, with blue mass, salts, and castor oil, but none of them could be retained.

I have used it in many instances, and found it to be the best remedy I can find for such cases. In the typhoid fever which I meet in this part of the country I find it the remedy *par excellence*, and patients will bear it in doses of fifteen drops of the tincture once in four hours, for weeks, with but little if any interruption. with *decided modifying effects* of the disease upon the abdominal region. I have not had a case of hemorrhage from the bowels, when I have used belladonna. Cases have been under the care of other practitioners in my vicinity, and they have died of hemorrhages from the bowels, but in none of them had the belladonna been given.

I have put these few thoughts together in the hope they may serve to call attention to this wonderful agent in the treatment of intestinal affections. H. N. Burr, M.D.

Walworth, N. Y., Jan. 23, 1880.

News and Miscellany.

The New "Folding Dentaphone."

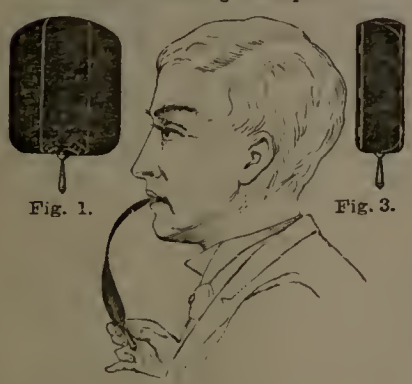

Fig. 2.

Fig. 1 represents the Dentaphone as it appears when used as a fan; in Fig. 2 it is seen in position against the teeth of the deaf person using it; and Fig 3 shows it folded up to be inserted in the pocket, or otherwise carried when not in use.

This new instrument, shown us by Dr. Charles S. Turnbull, is the latest made by the American Dentaphone Company, of Cincinnati, O., and is without doubt the best known form of apparatus for conducting sounds to the auditory nervea, in the same manner and upon the same principle as the "audiphone" and the "watch dentaphone," which this journal described in its last issue. It has several advantages over previously described instruments. It is portable, can be conveniently carried in the pocket, and is a much more sensitive diaphragm than others heretofore used; hence, by it sounds are much more distinctly transmitted.

Death of General Washington.

The certificate of Drs. Craik and Dick, the physicians who attended George Washington at the time of his death, has just been unearthed, from a Georgetown newspaper of 1799. It does not appear in any of the biographies of Washington. The certificate concludes thus: "He was fully impressed at the beginning of his complaint, as well as through every succeeding stage of it, that its conclusion would be mortal; submitting to the several exertions made for his recovery rather as a duty than from any expectations of their efficacy. He considered the operations of death upon his system as coeval with the disease; and several hours before his decease, after repeated efforts to be understood, succeeded in expressing a desire that he might be permitted to die without interruption. During the short period of his illness he economized his time in the arrangement of such few concerns as required his attention with the utmost serenity, and anticipated his approaching dissolution with every demonstration of that equanimity for which his whole life has been so uniformly and singularly conspicuous."

Are Naval Surgeons Serfs of the Naval Secretary?

Because Medical Director Gunnell opposed the confirmation of Dr. Wales as Chief of Bureau of Medicine and Surgery, Secretary Thompson banished him to Asiatic waters, as fleet surgeon, instead of as medical director of the fleet, the effect being to deprive him, for the time being, of his grade, and to place him, as he puts it, in his respectful protest, "after thirty years of honorable service, again in the ward room with young officers who were not born when he began his naval life." The worst part of the business, so far as the Secretary is concerned, was that he informed Dr. Gunnell, in so many words, that if he would write to him, saying that, "in thought, word or deed," he had not objected to the confirmation, the orders to sea would be revoked. If such abject subservience is the condition of favor with the Naval Department, things have come to a pretty pass indeed. We have every respect for Dr. Wales, and think his appointment a good one; but if he respects himself and his corps, he will use every exertion to prevent such an outrage, even if the subject of it is one of his opponents. We call on him to do so.

Items.

—There has been quite an epidemic of measles in New York city. The last week in January footed up 330 cases, with the very heavy mortality of 33 deaths.

—During next month the Board of Managers of the Philadelphia Home for Incurables will break ground for the new building to be erected

at Forty-eighth street and Darby road. This action for increased accommodations is owing to urgent necessities. Donations to the building fund are earnestly solicited from the friends of the institution, as the building must be ready for occupancy by the first of October next.

—The terrible case of Mr. Broadbent, of Middletown, N. Y., who vomited up strange-looking animals, supposed hydatids, has been going the rounds of the daily papers. So much interest has been taken in his case, that the physicians of the place, in compliance with a request made by the deceased some days before he expired, held an autopsy. Their examination developed the fact that the man died of consumption, and that the substances which he vomited were nothing more or less than the "membranous casts of the bronchial tubes." He also had an abscess of the right lung. So ends a nine days' wonder.

Personal

—Dr. D. S. Hatfield, has removed from Kalamazoo to Marcellus, Mich.

OBITUARY NOTICES.

—Dr. Joshua T. Owen, a prominent physician of Chester Pa., died last week.

—Dr. Wm. Budd, of Bristol, England, died last month. He was well known for his studies on typhoid fever, cholera and contagion.

—Dr. E. C. Seaton, the author of the well known "Handbook on Vaccination," and other works, died in London, January 26th.

—Dr. William S. Chipley, Superintendent of the Cincinnati Sanitarium, at College Hill, Ohio, died February 5th, aged 70 years.

—Professor Henry M. Bullitt, a well known physician of the West, who graduated at the University of Pennsylvania in 1838, died in Louisville, on Thursday, February 5th.

—Dr. George B. Bishop, of Titusville, Pa., died on the 18th of January. He enjoyed a large practice, and was highly esteemed in that community.

—Dr. John Neill, one of the best known surgeons of this city, died last week, of Bright's disease, in the 61st year of his age. He held many positions, among others that of Professor of Surgery in the able faculty of the old Pennsylvania College, and while serving there, he published several standard works on anatomy, and with Dr. F. G. Smith, the well known "Neill and Smith's Compendium." At the breaking out of the war he was appointed surgeon in charge of military hospitals in Philadelphia, and organized the first eight general hospitals of the city. In 1862 he was commissioned surgeon of United States Volunteers while on duty at the Broad and Cherry streets hospital, and in the succeeding year he was appointed medical director of the forces from Pennsylvania. In 1874 Dr. Neill was appointed Professor of Clinical Surgery in the University of Pennsylvania, a position which he resigned in 1877, though he retained an honorary connection with the University and with its hospital staff.

QUERIES AND REPLIES.

—*Dr. E. A. F., of Ohio*, referring to the use of the inner bark of the pine tree in chronic diarrhœa, as recommended by Dr. Whitehill (Reporter, Sept. 16, 1879), asks what species of pine is used. It is the *pinus alba*.

—*Dr. J. A. B., of Pa.*, asks—1. For suggestions in a case of spermatorrhea brought on by masturbation (We have, ourselves, found the introduction of the cold sound far more efficacious than any drug). 2. The physician's Pocket Record, published at the office of this journal, gives a full explanation of the metric system.

—*Morphæus.*—On the subject of the medical history of the United States, we know no better authority than Dr. Toner, of Washington city.

MARRIAGES.

CLARKE—BANNING.—In New York, on January 12th, by the Rev. James Marshall, Gilbert L. Clarke, M.D., of Centreville, Pa., and Caroline L., daughter of E. P. Banning, M.D., of New York.

DENNIS—CARHART.—On Thursday evening, Feb. 5th, at No. 4 Montague Terrace, Brooklyn, by the Rev. R. S. Storrs, Dr. Frederick S. Dennis, of New York, and Fannie Rockwell, daughter of the late James S. Rockwell.

DOWNES—CONNER.—On the 12th inst., in Wesley Hall, 1018 Arch street, Philadelphia, by the Rev. J. B. McCullough, Dr. Bennett Downes and Miss Hannah B. Conner, both of Magnolia, Delaware.

MURRAY—KIRBY.—On January 19th, 1880, at the residence of the bride's parents, by the Rev. William Greenough, F. Marion Murray, M.D., of Lenni, Delaware county, and Miss Amanda B. Kirby, of Philadelphia.

ROGERS—BRENNAN.—At the Church of St. Francis Xavier, New York, on Wednesday, Feb. 4th, by the Rev. Father McCallain, uncle, assisted by the Revs. Charles and William Rogers, brothers of the groom, Frank J. Rogers, M.D., of Stamford, Conn., and Maggie, daughter of Owen W. Brennan, of New York.

SCHUYLER—DIX.—At Trinity Chapel, New York, by the Rev. Morgan Dix, D.D., on Thursday, January 29th 1880, Francesca, daughter of the late Col. Roger S. Dix, U.S.A., and William D. Schuyler, M.D., of this city.

WENTZ—ROOP.—On January 7th, by Rev. Calvin W. Stewart, D.D., Thomas W. Wentz, M.D., and Annie Roop, all of Colerains, Lancaster County, Pa.

WILLIAMSON—WOODWARD.—In this city, on February 5th, 1880, by the Rev. Wm. Suddards, Matthew S. Williamson, M.D., and Mary B., daughter of the late Joseph Woodward.

DEATHS.

BROWN.—At his late residence, Brooklyn, on January 26, 1880, Dr. Amos H. Brown, formerly of Zanesville, Ohio, in his 75th year.

CONE.—At Great Barrington, Mass., Feb. 1st, 1880, John A. Cone, Jr., M.D., aged 29 years.

LEE.—On the 5th inst., Elizabeth, wife of Dr. Wm. K. Lee, aged 68 years.

LEVY.—Suddenly, at Orange, N. J., on February 5, Margaret J. Palmer, wife of Dr. Frederick A. Levy, and daughter of Margaret J. and the late Hunloke W. Palmer.

GUYTON.—At Sioux City, Iowa, of consumption, on the 4th inst., Ella C., wife of Dr. B. A. Guyton, aged 32 years, daughter of Jesse W. Lee, of Baltimore, Md.

UGLOW.—On Wednesday morning, January 28, William Ross, son of the late James Uglow, M.D., S.T.S.A., and grandson of William S. Ross, deceased, of New York, in the 23d year of his age.

SCRIBNER.—At Tarrytown, New York, on Wednesday morning, Jan. 28th, 1880, James W. Scribner, M.D., in the 60th year of his age.

SUTTER.—On the 21st ult., at Mount Holly, N. J., Dr. Thomas J. Sutter, aged 80 years.

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Communications.

HISTORY OF AN OBSCURE PELVIC TUMOR.

BY W. W. PENNELL, M.D.,
Of Nashville, Ohio.

On September 27th, 1879, I was called to see M. H., a case which developed and terminated fatally under such a peculiar train of symptoms that the case became of unusual interest, not only to myself but to other physicians. I arrange my notes of the case as methodically as I can in this paper, to draw out an opinion from others in regard to it.

Before her illness she had been the embodiment of health; married nearly nine years; menstrual function had always been regular; never had menorrhagia, metrorrhagia nor dysmenorrhœa; weighed 178 pounds; was nearly 32 years old, and had never been pregnant. At the time I first saw her she was having typho-malarial fever, which was endemic in the neighborhood. She had been ill about ten days, and about 11 A.M. each day had had a decided chill. There was anorexia, thirst, aching in the limbs, disinclination to sit up, urine scanty, headache, whitish, furred tongue, slight constipation, restlessness, pulse 80, temperature 102.5°. This was in the morning. The character of the fever was remittent. She had had no treatment to this date. I said she had always been regular, that is, she had always been regular up to about the 10th of August, 1879, when the menses were scanty but not painful, and on the day I first saw her there was a slight "show," which continued two days and then ceased. Complained, at times, of a pain in the left ovarian region, but said that was nothing new; about eighteen or twenty months before she had fallen down stairs, and an occasional pain in the "side" had annoyed her ever since. Also said that for a few days after the fall she had had a bearing-down sensation, but since, had nothing of the kind till lately. On examining the "side," found a hard tumor, about as large as a good-sized orange, occupying the ovarian region. This enlargement had never been noticed before. It was tender to the touch, and gave no inconvenience beyond the transitory pain. The uterus was found to be larger than normal—as large as it would be at the end of the first month of pregnancy, and not tender. There was no leucorrhœa. I told her husband that my opinion was that she was pregnant.

September 27th. I began treatment by giving ten grains of sulphate of cinchonidia; no chill that day nor at any time after. Gave antiperiodic doses of sulph. quinia in the remissions of the fever, also acetate potassa regularly. Nourishment to be of milk, toast-water, etc. In a few days there was diarrhœa, epistaxis, tympanites, much debility, with a temperature ranging from 102° in the morning, to 104.5° in the evening. Then I gave subnit. bismuth, with lactopeptine; continued antiperiodic doses of quinia during remission, with tonic doses of the same, with the bismuth, in the exacerbation. Also gave a generous diet, with stimulants. In the midst of the diarrhœa, etc., there was developed a distressing nausea, with occasional vomiting. Nausea controlled, but not stopped, by adding oxalate of cerium to the bismuth and lactopeptine. Although her temperature reached 104.5°, there was at no time delirium or stupor. Ten years ago she had

typhoid fever, with a higher temperature, but had no delirium.

October 10th. There was another slight "show," like that of the 27th of September. With it there was no pain, and the amount did not exceed two drachms. About this time all her symptoms began to decline, and by October 17th the temperature was normal, and she sat up awhile several times a day. The uterine tumor had been slowly increasing in size all this time.

October 25th. She had all the symptoms of relapse, and the temperature increased daily to the 6th of November. November 3d, called Dr. I. N. Hague in consultation, as there was another "show," but it did not exceed that of October 10th. I told the Dr. that I thought there was a product of conception within the uterus, whose vitality had been interfered with by the temperature; that sooner or later it would give trouble and danger, and had advised the patient to have it removed. The Dr. said the fever was undoubtedly typho-malarial, but before giving an opinion regarding the uterus and contents he desired to return in two or three days. The treatment during the relapse was essentially the same as it had been in the primary attack.

November 6th. Dr. Hague returned and made a careful examination. The uterus by this time was escaping from the pelvic cavity, and had forced the ovarian tumor into greater prominence. This latter enlargement was hard and movable, and had no immediate attachment to the womb; it was diagnosed an ovarian fibroid, apparently not increasing in size. The uterus was found to be at the size of pregnancy at two and a half months; outlines distinct; noduleless; fixed or immovable; os closed; apparent shortening of the neck. She complained of tenderness on attempting to pass the probe, nor would the probe pass further than the internal os without force. The body of the womb was soft, the cervix firmer, but not hard. There was no leucorrhœa, neither had been, nor was there any other discharge present. The color of the cervix and vagina was normal. There was no abnormal heat or dryness of the vagina. No pain when the bowels moved. Axis of the uterus normal, and on withdrawing the probe from the cervix there was removed with it a small amount of healthy, tenacious mucus.

Posterior to the womb, and in the recto-vaginal septum, was found a conical, elastic, fixed, painless tumor, which appeared in the last few days. Its apex was directed downward and backward, and base upward, whether upward and forward or upward, forward and laterally, I cannot say, but the indications pointed upward and laterally, to the left broad ligament. There was also an irritable bladder, and when she sat up she complained of bearing-down sensations. What the post-uterine tumor was we did not pretend to say; that it was not serous, fibroid, hæmatocele, fecal, or phlegmon, subsequent events proved. We feared no immediate danger from the fibroid. Diagnosis of the uterine tumor: Probably the product of conception, but whether living or dead, or in a diseased state, we could not positively say. But from the number of other abnormalities surrounding the womb, if a conception or pregnancy, it was thought advisable to have it removed when the patient rallied from her present debilitated condition. Dr. Hague concurred in the opinion that the probability was that danger was to be feared from the uterine contents in the near future.

From this day the fever gradually declined, and after the 12th of November we considered her convalescent. She sat up, even walked across the room once, gained some strength; temperature normal, kidneys did well, bladder not irritable, natural perspiration, generally refreshing sleep at night. November 17th there was another small hemorrhage, or "show;" the uterus kept enlarging, the breasts increased in volume, the areola enlarged and darkened, the glands became tender, and a sero-lactescent fluid could be made escape from them; there was daily nausea, with occasional vomiting; but the appetite remained poor, and although the bowels moved each day, they were rather sluggish. The ovarian fibroid did not increase, but was shoved into more prominence by the advancing uterus, while the tumor behind the uterus was drawn more into the abdominal cavity, and was not enlarging. The cervix "shortened" perceptibly. Visited her every second or third day, and noted her symptoms as close as I could. Apparently she was doing well; I was only waiting for a more fitting time to dilate the womb and expose, and if possible remove, its contents. She was given good nourishment and wine, and I prescribed quinine, iron, and other sustaining measures.

December 5th, 1879. Her good symptoms all vanished. She complained of considerable pain in the ovarian fibroid; there was another slight hemorrhage, not more, not less, than before; the uterus was tormented with uneasy sensations and periodical pain. The "hemorrhage," if so it can be called, lasted about thirty-six hours; the uterine and ovarian pain increased progressively after the "show" ceased. Real milk could be

pressed out of each breast, while the uterus was large enough to contain a fœtus at the fourth month or more of pregnancy.

The patient imagined she felt movements, but on this point she was probably mistaken. There was some tympanites—sufficient to cause such a mistake. Besides, auscultation, with or without the stethoscope, failed to detect any heart sounds, but there was a peculiar "purring" sound.

December 7th. There was rapid increasing debility, pulse 120 per minute and weak, temperature 101°, and restlessness. There were undefinable pains in the pelvis and womb, irritable bladder, fetid breath, and palpitation when lying on her back; she could lie on either side more comfortably. There was complaint made of general soreness, as if she had been beaten," and especially did she complain of articular soreness and aching. Her abdomen was enlarging, while she was emaciating rapidly. The os was closed, but still open sufficient to admit an ordinary probe, and there had begun an offensive purulent discharge from the womb. There had been no hard chill, only a transient shivering or rigor. There was thirst, dry skin, urine scanty and high colored, dyspnœa, hiccup, præcordial pain, offensive stools, and there had been debilitating sweating the night before. The separate tumors were as they had been, except the uterine increased in volume, as I have noted. Food was swallowed reluctantly, or altogether declined.

Evidently some agent was hastening my patient onward to the grave, and I still held that its point of action was within the uterus; further, its nature was septic at this time. Recommended again the calling in of another physician, with the view of dilating the womb, as a means of diagnosis, and removal of its contents if their nature permitted.

Gave mur. tr. iron with sulph. quinine, and bromide potassium with fl. ext. ergot, alternately, and opium sufficient to control pain. To have good nourishment and stimulants regularly.

Dr. Hague was called in December 8th. We proceeded to introduce a tent, to dilate the parts. The general treatment was continued. We afterward concluded to call in Dr. J. Pomerene, as some of the family desired, to decide any doubts. On the 9th another tent was introduced, and on the 10th Dr. Pomerene came. He diagnosed fibroid tumor of the left ovary, and expressed a fear that the entire womb was involved with fibroids, but thought there was no pregnancy, and directed the following:—

R.	Potass. iodid.,	℥ iv	
	Potass. bromid.,	ʒ j	
	Aquæ destil.,	℥ ij	
	Ergot fl. ext.,		
	Tr. gent. comp.,	āā ʒ j	
	Syrup simplicis,	℥ ij.	M.

A teaspoonful four times a day. Anodynes, to keep down irritation or pain. He stated that this opinion was given from a hasty examination, and hoped that it was incorrect, and desired to see the patient again in a few days.

The treatment was given as directed, with nourishing food and stimulants. This opinion stopped the introduction of tents for the time; but from the two that had been introduced the purulent discharge became more abundant, and there was a lessening of some symptoms, such as articular and præcordial pain. Our patient got no better. The temperature ran up to 103°, and there were profuse night sweats, which increased the debility; they could only be controlled by full doses of quinine and brandy.

The abdominal pain, the hiccup and restlessness, increased, and Dr. Pomerene came back December 16th, and made a careful examination. He concluded that the uterine contents were either fibroids, mucous polypus, diseased fœtus, or malignant, but was inclined to think malignant. He then detailed the history of the case of a young lady, unmarried, which had fallen under his observation. In it there was an obscure disease of the womb, in which the uterus was greatly enlarged. There was not much discharge, nor was there cachexia, yet a post-mortem revealed an encephaloid permeating the entire uterus, and removed all doubt in the case.

Continued his former treatment, with the addition of quinine and iron alternately, and recommended the dilatation of the cervix, as a means of diagnosis, and even removal of the contents, if practicable.

After December 16th the uterus rapidly increased in size, but was even-surfaced; the cervix continued to "shorten," but the ovarian and post-uterine tumors remained stationary; if anything, the latter diminished; the bowels became tympanitic, breath fetid, pulse weak, and 140 per minute, temperature variable between 101 to 103.5°, but was not subject to any periodical law; the urine scanty and dense. The uterus, December 16th, was as large as a pregnant womb at the fifth month, fixed, tender, and the purulent discharge continued as usual.

Here I will remark that from all that I could learn from the patient during her illness, in all her former life she never had endometritis, displacements, cystitis, rectal obstruction, hem-

orrhoids, pelvic peritonitis, arcolar hyperplasia, irritable rectum, fistulæ, constitutional disease, ulceration of the cervix, constipation, amenorrhœa, dysmenorrhœa, menorrhagia, metrorrhagia,* uterine tenesmus, leucorrhœa, constitutional depreciation, till lately, cachexia (not any now), pain, till lately, except in the left ovary, watery or dark grumous discharges, or discharges of shreds, milk in the breasts, till now, nor noticed any enlargement about the pelvis until her attention was called to it early in her sickness. Since I first saw her there had been no diminution of the uterine tumor, coldness about the abdomen, nor thinning of the uterine walls. Neither was there present any of the foregoing diseases and symptoms, barring the exceptions I have noted.

December 17th, 18th and 19th, sponge tents were introduced, and by the 20th the cervix admitted the insertion of the index finger, and there could be felt beyond a soft mass in the uterus. A probe could be passed around it at its lower part. Dilation increased the purulent discharge, but no expulsive pain followed. The os was possessed of great rigidity. Debility was rapidly increasing, and on the 20th the patient's friends thought her strength insufficient for further procedure, except the administration of medicine, and would not permit a tent to be used. The patient and her husband thought that pregnancy existed, or the effects of pregnancy, and were willing to have the os dilated. I stated to the friends that the os could be dilated, and if the uterine contents were removable they could be removed, and, all things being equal, the patient still had vitality enough to recover, because I looked upon these contents as the source of danger, and removal of them would remove the cause. They persisted, and I did not introduce another tent.

Dr. Pomerene was called again on the 23d of December, and reiterated his opinion of the 16th, but was more inclined to think that the uterine tumor was malignant. He again recommended dilation of the cervix, as it would be a step in the right direction: and if the contents proved to be anything removable, and there were no serious complications, recovery would probably follow after removal of the cause.

I should state that the post-uterine tumor by this time had disappeared, and the ovarian was of the same size it had been all through; her pain was so excruciating as to require full doses of opium frequently. The sweating had stopped; and in one week (from the 16th to the 23d of December) the uterus had increased from the size of the fifth month of pregnancy to that at near the sixth month, and was on a level with the umbilicus. The purulent discharge was becoming less in amount.

December 24th. Visited patient again to introduce a tent, but her friends interfered, saying it was of no use, etc., and I relinquished the case, and did not see her again until the 2d of January, 1880. She was very feeble, restless, pulse 130 and weak, no sweating, no discharge from the womb, hiccup, thirsty, general peritonitis, limbs flexed upon the abdomen, delirious and much emaciated, the abdomen fearfully distended, and I knew that death would soon end the scene. Should state that, although the breasts by this time were flabby, there was almost an abundance of milk. She died January 5th, 1880—4½ months after her first menstrual disturbance, a malarial fever intervening. A post-mortem was asked for and granted, but for some reason Dr. Pomerene could not be there, and there being no other physician beside myself present, none was held, and I now lay the case before the profession, to call out comments and criticism.

I will append my reason why this patient had never been pregnant. For sixteen years before July, 1879, her husband had organic stricture of the membranous portion of the urethra. He consulted me in June, 1879. His appearance was the same as all have noticed in this disease; gave him tonics, etc., and, having no instruments necessary in the case, in July sent him to Dr. Pomerene, who used a bougie once a week, and opened up the urethra, so that he could urinate freely; so continued till the stricture was broken up. What effect would this stricture have upon her reproduction? Some, certainly, as it usually took ten to fifteen minutes to urinate, and then only in a fine, twisting stream, with much pain, before the bougie had been used.

* The slight hemorrhage, or "show," might be termed metrorrhagia.

CORRELATION OF NERVE AND MEDICINAL ACTION.

BY T. J. SCOTT, M. D.,
Of Hot Springs, Ark.

My object in the present communication is to reason on the correlation of nerve and medicinal action, and to illustrate an important truth, that when the nervous influence or power (or impulse, according to Dalton) is developed in the nerve centres, the brain and spinal cord, and transmitted to organic life, it elicits phenomena which may be simulated by special remedial agents.

When men like Bernard Kölliker maintain one view respecting the action of the pneumogastric and sphlanchnic nerves on the stomach and other organs, and Bidder, Velpeau and others entertain the very opposite, one might be excused from speculating upon either side. My conclusion, however, is, that there is a reciprocity of action between the vaso-motor nerves and medicinal agents calculated to act on them.

The influence possessed by the ganglionic nerve centres on the phenomena of life can be simulated, increased, or diminished, by special medicines. If fear withdraws the blood from the circumference to the centre and bathes the skin in perspiration, or renders the urine redundant, or the bladder irritable, or if shame or anger suffuse the countenance, or offensive sights and the recollection of them produces vomiting, the cathartic which purges, the emetic which vomits, the narcotic which arrests diarrhœa, produce their effects through the same common law, which is relative to the nervous system.

The nervous power, or force, or impulse, is a property of the vital principle, and possesses the remarkable character of being a vital stimulant to the property irritability. Its influence upon the latter property will correspond with the nature of the cause which brings it into operation, being rendered a vital stimulant, or a vital depressant, or a vital alterant, according to the nature of the exciting cause. Thus, in blushing, the power is rendered stimulant; in fear, depressant; by grief, anger and hope, alterative. Alcohol applied to the brain and spinal cord increases the action of the heart. So do anger, joy, hope, etc. A watery infusion of tobacco or opium applied in like manner depresses those actions, as do fear, grief, anxiety.

As irritability and mobility are properties of the vital principle and belong to all the tissues, all vital agents, whether external or internal, physical or moral, natural or morbific, or remedial, make their impressions upon this property. If motion follows, the impression is transmitted through the property irritability to mobility, and motion ensues as a consequence.

The nervous power is transmitted through particular nerves to certain parts, according to the nature of the cause which excites it into operation, whether morbific or remedial, and often passing over many nerves of apparent anatomical connection. This attribute of the nervous power distinguishes it from the action of agents which, if introduced into the circulation, according to the humoralism of Andral, would derange the universal organism.

The peculiar constitution of the nervous power which renders it obedient to the will in its transmission to particular muscles, renders it, also, when modified by remedial agents, equally determinate and limited in its operation upon particular organs. This should be fatal to the doctrine of operation of remedial agents by absorption.

Dalton, in his human physiology, does not seem to comprehend fully the action of stimulants in producing motion in muscular fibre, for I cannot conceive how motion (contraction of Dalton) can possibly be induced in muscular fibre without the aid of the property irritability, which depends upon the nervous system for its function. Mobility cannot be excited only through impressions made upon irritability through the nervous system.

The term contraction, employed by Dalton and Bichat, is a poor substitute for mobility, for it limits the law of motion to simple contraction, while there must be a corresponding dilatation, and the heart and blood vessels and other organs elongate dilate as well as contract.

I shall now make a practical analysis of the therapeutic effects of certain remedial agents. In these suggestions I do not include those agents which act mechanically or chemically, but only those which manifest results through reflex action of the nervous system, and the great majority of medicines with which I am acquainted will fall into the category of these latter. We will only select from the materia medica such agents as are capable of increasing intestinal evacuations, as they will prove sufficient to illustrate the doctrine I have advocated in regard to a rational treatment of disease, and will lead to a ready apprehension of the modus operandi of all others.

When mercurial ointment is applied to the skin the impression made upon the sentient extremities of nerves is transmitted by those nerves to the nerve centres, the nervous power (or impulse, according to Dalton) is developed in those centres, and determined, through motor nerves, upon the salivary glands, the liver; and the same results will occur when mercury is introduced into the stomach. Cantharides, in whatever manner applied, irritates the neck of the bladder. Antimony, in minute doses, determines the power upon the respiratory muscles, and vomiting is induced; in the same way the impression of disgusting objects upon the optic nerves of the eye will produce the same results; the impression is transmitted to the nervous centre, the brain and spinal cord, the power is developed which partakes of the nature of the cause which brings it

into operation, and is then transmitted through motor nerves to the property irritability and then to mobility, manifesting all of those sensible results observed when morbific and remedial agents operate.

It is singular, says Sigmond, that a pill of opium administered by the stomach, at night, will be vomited up in the morning, after producing its narcotic effect. I see nothing strange about this. The drug made its impression upon the mucous membrane of the stomach, and through the process already described produced its effect through the nervous system without being itself absorbed.

Sir Benj. Brodie found that an infusion of tobacco thrown into the rectum paralyzed the heart and caused death in a few minutes, but if the head (the nervous centre) of the animal be removed and artificial respiration be kept up, the heart remains unaffected, showing conclusively that tobacco affects this organ through the nervous system exclusively.

In all works on syphilis we find stated as facts that the phenomena of the disease are produced by absorption of the virus and contamination of the blood. But this is not proven by any, nor is it consistent with the experiments of Lee and others. We have many facts to offer as obstacles to the theory of absorption of the virus. We have chancres without breach of surface, as stated by some, and were the absorption theory true, mercury and potassium would be contraindicated as long as any hardness remained in the chancre, as this hastens the absorption process.

The *modus operandi* of syphilitic poison must be explained upon the same principle with that of all other poisons. An impression is made upon nerves at the irritable spot, and from this point the peculiar impression is transmitted and modified in such a manner as, when reflected upon remote parts, alters the condition of those parts in a manner peculiar to itself. And when mercury operates in the cure, through the same process, it sets up an antagonizing action, commenced in the part to which it was applied, and thence to remote parts, by reflex action, to where syphilis shows itself. There is nothing less pathological than the fact that certain drugs and articles of diet will produce a rash upon the skin, or that prussic acid upon the tongue, or aconite injected into the rectum, will produce death without being absorbed into the circulation.

We should look at this question in an unprejudiced way, and see if there is any other doctrine than that of Andral which will explain more satisfactorily these questions, and in a manner more in accord with nature.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WM. PEPPER.

Reported for the Medical and Surgical Reporter.

Erysipelas.

Gentlemen:—This man is a nurse in the hospital. He was brought to my ward two weeks ago, a very sick man. He was taken sick with a chill, followed by high fever, pains in the limbs and back. On coming to investigate his past history we found that he had suffered for a long time from an ulcer of the left leg, but this has not interfered with his duties. He had enjoyed his usual health until two weeks ago. At that time he met with a fall, and bruised his left leg, and thinks he took cold in it. On the third day the pain ceased in his back, and he was seized with an acute pain in the right knee and tenderness around the region of the patella. About the same time the ulcer on the leg began to spread; the redness extended until it involved the whole leg above the knee. As the inflammation spread, it was noticed that large, watery blisters formed in advance of the redness. These contained about half a teaspoonful of cloudy serum. After the pain in the knee joint had continued a short time the knee began to swell, and was very painful on the slightest motion. His temperature was quite high, 103° at night and 102° in the morning; it has since run down to 100°. His pulse was about 100–106 per minute. His tongue was dry, foul and coated. His mind was clear, but lethargic. None of the joints of the upper extremity were involved, except over the olecranon process of the ulna on each side, where there was a reddish spot, tender to the touch. The right knee being the only joint involved to any extent.

My first opinion was that the man had an attack of acute inflammatory rheumatism. During the first forty-eight hours the inflammation in the left leg was not very marked. The man was placed upon quinine and salicylate of soda. By the end of the next forty-eight hours it became evident that the disease was something more than simple inflammatory rheumatism. In other words, it became clear, from the condition of the left leg, that we had to deal with an erysipelatous affection of a very grave type, and that the joint affection on the opposite side was not of the nature of a simple rheumatic inflammation, but was of the nature of those joint troubles which we see in all pyæmic affections.

The progress of this disease in the left leg has been very remarkable and severe. Beginning, as you will remember, in an old leg ulcer above the ankle, it spread all the way to the knee, and since then it has gone higher and involves the thigh. It was attended with the usual symptoms of erysipelas. There was considerable swelling,

which did not pit on pressure. The inflammation has involved the whole leg, but has been more marked on its external aspect. This has been attended with a remarkable and rapid necrosis of the superficial layers of the skin of the leg, and on the outer side of the foot it has involved the whole thickness of the skin. At this point we have a dull yellow slough formed.

We use the term erysipelas rather loosely. I use it now in a medical rather than a surgical sense. From a medical point of view, we recognize as the typical form facial erysipelas. Idiopathic erysipelatous inflammation nearly always attacks the face, beginning at one of the apertures, the angle of the eye, mouth or nose, and thence extending over the face and scalp.

Erysipelas is, unquestionably, a specific fever. The disease attacks the entire system. The blood is poisoned. It runs the course of other exanthematæ. It terminates within a certain limit, and is attended with marked disturbance of all the functions of the economy. It differs from the other exanthematæ in that one attack does not protect from others, but rather predisposes to them. The constitutional nature of the affection is proven by the grade of fever, the marked nervous derangement, the derangement of all the functions—in not a small proportion of the cases albumen is present in the urine—and by the sequelæ which often follow the disease.

We meet with different varieties of the disease. In some cases it is very severe—the phlegmonous form, in which destruction and purulent infiltration of the subcutaneous areolar tissue, with perforation of the skin, take place. In other cases where the disease assumes a low grade—the typhoid or adynamic type—it is not rare to have these same sort of watery blisters forming beneath the outer layers of the skin. This is always an unfavorable sign in a case of erysipelas.

Just as we meet with erysipelas of the face as an idiopathic affection, so do we meet with it in surgical cases as a complication. I cannot see that there is any marked difference between idiopathic erysipelas and that following wounds. A person having an open wound is particularly liable to be attacked with erysipelas, the local wound serving to localize the disease at that point. I have seen, where, in a hospital, several persons would be attacked by erysipelas, one would have facial erysipelas, another would have the disease located at the seat of a fractured bone, and another would have an open wound affected, but they would all have the same marked constitutional disturbance, and the disease, in all, would run the same course.

Here, in this case, we have the disease attacking the left leg, probably on account of the presence of this old ulcer. As the inflammation spreads, we will often notice that the lymphatics running from the part become involved. We have observed here great tenderness in the line of the lymphatic running up the thigh, and as this extended the inflammatory blush began to creep up the thigh.

In our patient, all the blood symptoms have been very marked, but there has been no albuminuria. A large amount of albumen may be found in the urine. I have also found tube casts, showing that there was a state of catarrhal inflammation of the kidneys and irritation of the substance of the kidney, owing, no doubt, to the excretion from the body of some septic material in the urine. This inflammation of the kidney passes away with the erysipelas. I allude to this particularly in this case, because, in all diseases that are liable to take the typhoid type—in pneumonia, in dysentery, and in many other affections, erysipelas among the number, when the typhoid state is developed, with its dull intellect, tendency to stupor, and wandering delirium; with its dry, brown and coated tongue; with its coated lips and teeth; with its rapid, weak pulse, distended bowels and marked muscular prostration; when this state is developed, always examine the urine for albumen, for in certain cases you will find that the typhoid state is due to blood poisoning connected with albuminuria. It is exceedingly important that we should recognize this condition when present, for it exerts an important influence in our treatment. In other cases the typhoid state is due to exhaustion of the nervous centres.

We have in this case evidence of blood poisoning in the inflammation of the right knee. In septic diseases, it is not rare to meet with a low grade of articular inflamamation in other parts of the body. This is true of all septic diseases. In smallpox it is quite common. In scarlet fever, of a grave type, it is not by any means rare to find, even in the stage of convalescence, inflammation of some joint taking place, with purulent effusion. In all erysipelatus affections it is not rare to find inflammation of a joint coming on, due to the circulation in the blood of some septic matter. In this case the inflammation of the right knee came on so quickly that it gave rise to the opinion of rheumatism. There is a distinct sense of fluctuation in this joint, but there is no erysipelatous redness here, nor any extending up the thigh.

We will now turn from this question, to consider the general condition of our patient. The tongue is still dry, brown, coated and hard. The cheeks are flushed, the eye is bright and the mind entirely clear. The temperature this morning is 100⅘, and the pulse 108 per minute.

In regard to the prognosis and treatment of erysipelas. The prognosis is usually favorable, and the treatment easily managed. That which would make you fear a bad result would be a rapid pulse, extension of the inflammation over a large extent of the body, the phlegmonous form of the disease, the occurrence of blisters and superficial sloughs, as we have in this case, a tendency to run into a low state, the appearance of symptoms indicating septic poisoning. The development of the typhoid state with muttering delirium, tympanites, diarrhœa, and a dry, brown tongue, is of excessively bad import in erysipelas. The complication with albuminuria is unfavorable. If the erysipelas involves any of the apertures of the body, particularly in facial erysipelas, it becomes highly unfavorable. In some epidemics we have the disease commencing on the face and soon passing into the mouth, causing great swelling of the mucous membrane, and great difficulty in swallowing and breathing. In erysipelas following surgical injuries the same elements of prognosis exist. The occurrence of

erysipelas is, of course, extremely unfavorable for the healing of the wound.

In regard to the treatment, it has of late been found that we possess, in the salts of iron, particularly the chloride and the tincture of the chloride, a remedy which exercises a remarkable influence. I was about to say a specific influence over this disease. This is equally true in both varieties, the idiopathic and the traumatic. When I compare the course of erysipelas before I used iron in large doses with its course now, I cannot fail to perceive that we possess a remedy in these salts of iron, of remarkable power. They should be given in large doses. It is not unusual to administer 30, 40 or 45 drops of the tincture of the chloride every two hours, day and night, in cases of idiopathic erysipelas, which, if it does not abort the attack, renders it much milder. With this we use nutritious and concentrated food, a moderate amount of stimulus, entire rest, and if the fever is high, quinia, in antiseptic doses—ten to twenty grains per day.

I told you that when I first saw the patient I was misled, and thought he had rheumatism, and gave him salicylate of soda. The drug may have exerted a good effect on the temperature, which soon after fell. He took, for a short time, a combination of quinia and sulphurous acid, and I would like to call particular attention to this combination in cases of septic poisoning, as sulphurous acid (not sulphuric) seems to me to be one of the most valuable remedies we possess as an antiseptic in these cases. In the malignant forms of typhus and typhoid fever you will find this remedy often of great and positive value. In all cases of zymotic disease of low grade I think that it is well borne and of value. The attack soon developed the typhoid state in such a marked form that I was led to substitute turpentine in emulsion. Now, turpentine was first recommended in typhoid diseases by a former professor in this school, Dr. George B. Wood. He called attention to its use in a certain stage of typhoid fever where the patient was well on in the second or third week of the attack, passed into a state of nervous debility, with prostration, low, muttering delirium, dry, brown tongue, sordes on the lips and teeth, tympanites, and a feeble, rapid pulse. Its value has since been attested whenever such symptoms exist, not only in typhoid fever, but in other blood diseases.

This man is now using large doses of the tincture of iron, turpentine, strong meat broth, milk, and a moderate amount of stimulus.

There are a great many means of local treatment recommended. It has been attempted to limit the extension of the inflammation by the application of nitrate of silver, or the formation of a blister around the limb. If I should apply a blister to this man's body, it would make a new centre for the erysipelas. If any abrasion of the skin is made, that abrasion will be attacked by the erysipelatous inflammation. I advise you to entirely avoid all such applications. Where you find the lymphatics hardening and becoming inflamed, I think it well to rub in mercurial ointment over them. I think it best to apply to the limb sedative applications of saline solutions. A solution of sulphurous acid may be used, but I do not think it exercises the same effect as when applied internally. Alkaline solutions, with laudanum, are sometimes very useful. Simple unguents, as cosmoline or oxide of zinc, are sometimes more grateful to the patient. Sometimes the patient will derive more benefit from an unguent; at other times a solution of some salt will be more beneficial. In the selection of an external application, I am usually guided by the feelings of the patient. These applications protect the part from the atmosphere and encourage evaporation, and thus allay the burning pain which is sometimes a serious feature of the disease.

I think that our patient, considering the violence of his attack, is doing wonderfully well. The disease of the left leg has not extended, but on the contrary the swelling has diminished, and the slough on the outer side of the foot is limited by a ridge of tissue, showing that it has reached its greatest extent. While I think that the patient may recover, yet, if he does, he will pass through a very tedious convalescence.

[This man died September 30. At the autopsy the following conditions were found: chronic catarrhal nephritis, fatty liver and early mitral endocarditis.]

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Reported for the Medical and Surgical Reporter.

Management of Lying in Women.

Dr. Murray. In opening the discussion on the management of lying-in women, or, more properly, the attention required of the physician in a case of natural labor, for the time is too short to consider any of the complicated cases sometimes met with, I shall follow the beaten track, and note my personal experience as we consider the different points. First, I make an examination to discover whether labor has commenced or not; to ascertain the presentation, the condition of the soft parts and the diameters of the pelvis. If the result of the examination is favorable, I direct attention to the minutiæ of the room. If the circumstances of the people will allow, I use a separate bed upon which to deliver, and have her removed to the regular lying-in bed as soon as the process is complete and the soiled clothes removed. I see that a good sharp pair of scissors and a suitable cord are ready. I make no further examinations until the head comes down to the perineum. Frequent examinations are unnecessary and harmful. Sometimes delivery is retarded by the anterior lip of the uterus becoming puffy, and not slipping up over the head of the child, and by keeping it up we may aid matters considerably. I usually preserve the bag of waters, except in those cases in which the womb seems to be unable to contract properly on its contents on account of the excessive amount of liquor amnii; then I rupture it, and labor proceeds naturally.

Placenta.—In the Rotunda Hospital, Dublin, where I studied midwifery, it was the rule to make no attempt to deliver the placenta for one

hour after the birth of the child, but, on the whole, I do not think this good practice. My rule is, if, after expulsion of the child, the womb remains large, no hemorrhage, to stimulate contractions by friction over the abdomen, wetting the hand with cold water and placing it on the abdomen, etc.; but I do not make any attempt at delivery. If the womb is contracted, I remove the placenta in the usual manner. Generally find the afterbirth partially in the vagina, whence it can be removed by gentle traction. If it be adherent, I introduce my hand into the uterus and detach it. The introduction of the hand is not painful, as the parts are numbed by the passage of the child.

Ergot.—I am afraid to give ergot before the delivery of the placenta. Never give it for inertia, although all else seem favorable. I do not use it before the delivery of the child, lest something may occur to prevent delivery, and if so, the tetanic contractions may sacrifice the child's life. Before the placenta is delivered I am afraid to give it, lest it produce hour-glass contractions. After delivery of the placenta I always administer a full dose, to produce firm contractions, to prevent hemorrhage and to prevent after pains.

Chloroform.—It is pretty well settled that it is good practice to give it, and some physicians do so invariably. I do not give it as a rule. I am not afraid of it. In tedious first labors I use it, but always follow it by ergot. I always have all soiled clothes and pads removed immediately after delivery. The movements required are less injurious than allowing these things to remain.

Binder.—I think it is useful, and never omit to put it on; I never feel that I have quite done my duty if I do not. It should be broad, extending from the trochanter major to the ensiform cartilage, and securely pinned by not less than four pins. If put on properly it will not slip, and can be worn a week without being displaced. The bandage frequently used, which is about six inches wide, is worse than useless. The advantages are that it gives support to the abdominal viscera, promotes uterine contraction in an indirect way, by counteracting the tendency to expansion, makes the woman more comfortable, and prevents pendulous bellies, which, I think, are becoming more common on account of the disuse of the bandage.

Vaginal Washes.—These are very desirable, from a hygienic standpoint, and particularly when the lochia is decomposed and stinks. If a disinfectant is needed. I think the best is permanganate of potash. If the lochia is suppressed, hot vaginal injections do more to promote its return than any other remedy.

Nipples.—The child should be put to the breast as soon as possible. By so doing the congestion and engorgement of the gland is relieved, and uterine contraction promoted. A cracked and fissured nipple gives a great deal of trouble. Previous attention would prevent many cases, but frequently no opportunity is afforded the physician to prepare them for their duty. After the child has nursed, I direct the nurse to squeeze out the milk from the nipple, dry it carefully with a soft cloth, and dust it with some inert powder, as lycopodium.

Getting Up.—I never allow them to get up under nine days, and if I could keep them in bed twenty-five days I would be better pleased. The recommendation of Dr. Goodell on this point does not influence me. I cannot see how it can be otherwise than disastrous. I think it is a great mistake, and produces work for our gynecological friends. The vaginal douche will remove the discharges better than getting up will.

Bowels.—If the rectum be loaded I order an injection immediately after making the first vaginal examination. The conventional third day purge is unnecessary, and facilitates the absorption of septic matter.

Diet.—The diet should be liberal, rich soups, beef, etc., unless some contraindication. I think milk fever is a chimera, and due to other causes. Ventilation is very important.

Infant.—I never allow any attention to the child until after the mother has been properly cared for. I do not allow it to be washed, as, on account of the great change in temperature, it becomes chilled, and coryza is almost invariably produced. The child should be greased and then wiped. By this means it is cleansed more thoroughly than by washing. Do not allow the flannel band to be put on too tight. If the bowels be costive a little sweet oil internally, and some rubbed over the abdomen, will be sufficient. If retention of urine, a hot flannel over the hypogastrium and a cold iron to the feet will produce enuresis. The napkins should be washed with soap containing no irritating material, else excoriations may be produced.

Dr. Lynch. The time of getting up we cannot fix in all cases. The womb is large and heavy, and its supports are relaxed, and there is danger of flexion or lapse of the organ if the woman gets about too soon, but I do not think it necessary to keep her in bed twenty-five days. My rule is that as soon as the womb cannot be felt above the pubis getting up may be safely allowed. I think the milk fever is an entity, especially in the primipara. A woman may be doing well, and at the next visit you find high fever, the breasts congested, hot and painful, and learn that she had a chill previous to your visit.

That a slight cause may produce great constitutional disturbance is proved by the temperature in tonsillitis, frequently being as high as 104°, Fahr.

Dr. Leonard. I have used chloroform frequently in labor, and usually without trouble. In one case (the woman had mitral regurgitation) the pulse fell from 65 to 40 and 35, the countenance became pallid, and an unfavorable result seemed probable, but by withdrawing the chloroform for a short time, and sprinkling aqua ammonia on the bed clothes and around the patient, so that it could be inhaled with the chloroform, the anæsthetic was resumed without trouble. I do not allow the child to be washed, but grease it with vaseline and have it wiped. I use no bandage on the child, and the cord shrivels up in about half the time. To tie the cord I prefer a flat tape.

Dr. Cathell. Every one has a method of his own. To prevent hemorrhage from the cord, I tie with a flat tape, and immediately after the child is washed I tie again, in the same spot.

Immediately after laying the child aside, I examine for the placenta, and remove it as soon as possible. I always examine it carefully, and incidentally call the attention of the nurse, or some one else in the room, to the fact that it has all been removed. I think this good practice, as it saves the physician from suspicion of having allowed part to remain. I frequently leave the application of the binder to the nurse. I agree with Dr. Murray, that it gives great comfort to the woman. In regard to the soiled clothes, I have them removed as soon as the woman indicates that their removal is more desirable than rest. To judge of the discharge I direct that small pieces of white rag shall be used to wipe the genitals, four or five times a day. Frequently we cannot rely on the nurse's report, and by using the rag we have a sure indicator.

Dr. Brinton. I think that chloroform retards the labor pains. Sore nipples I always treat by placing the glass shell over them, and in two or three days they are well. Believe in plenty of good food. Think ergot a dangerous remedy; can recall two or three children who lost their lives from its improper use. I do not use the binder. Remove the placenta immediately after the birth of the child. Have the child washed, because it is customary to do so.

Dr. Taylor. I never hesitate to give ergot when the os is sufficiently dilated; give it in combination with cimicifuga, ʒ ss of each, and ʒ ij immediately after the head has passed the perineum.

Dr. Morris. I have given chloroform very little in labor; use it in cases requiring instrumental assistance, but not in ordinary labor. I agree with Dr. Brinton, that it retards the labor pains.

Dr. Lynch. I have given chloroform to every woman that would consent to take it, and the number almost equals the number of labor cases that I have attended. I have never seen the slightest injury produced by it. When the head is high up, the labor may be a little retarded, but after the head descends there is no change in the pains, and the woman will bear down while snoring from chloroform, so it does not retard the latter part of the second stage. As to hemorrhage, I have never seen but one case in which there was danger from hemorrhage, and I do not think chloroform was the cause. I do not think we are justified in withholding this precious boon, especially after the strong endorsement of Simpson and others of great experience.

Dr. Murray. There is not much difference between the opinions of the members and my own. I think Dr. Lynch makes a mistake, and confuses condensation of the womb with its decrease in weight. It cannot lose much in weight in two days. The retrograde changes are not complete under forty days, and until this fatty metamorphosis occurs there is danger in allowing a woman to get up. As to the milk fever the Dr. puts me in a false position. I grant that inflammation of the breast will produce high fever. I think this condition is not necessary.

Dr. Lynch. Is this not essentially so in primipara?

Dr. Murray. I think not. The suggestion of Dr. Cathell, that some one should see the placenta, is a good one. I can see how an unfriendly nurse might make mischief by reporting that a piece of afterbirth is retained. I think the binder should be applied by the physician, and not trusted to any one else. In the small number of cases in which I have used chloroform, I think the results support the opinion of Dr. Brinton.

Editorial Department.

Periscope.

The Treatment of Bronchitis.

G. Harrison Younge, L.R.C.S.I., in an article on this disease, published in the *Medical Press and Circular*, December 31st, 1879, says—

When a person is seen suffering from the premonitory symptoms of bronchitis, the attack may sometimes be cut short by a hot mustard bath and ten grains of Dover's powder at bedtime. I have often seen this treatment successful in what threatened to be a very severe attack of bronchitis. If, however, this does not succeed in checking the disease, the patient should be confined to the house, or if the attack is bad, to bed. The temperature of the room should be kept at about 65°; it should be well ventilated, but the patient must be carefully preserved from all draughts. The action of the skin should be promoted, either by vapor or camphor baths. To give a camphor bath the patient is undressed and placed on a cane bottomed chair, being then surrounded by a cloak. About one drachm of camphor is placed in a crucible and burned under the chair; after remaining for a few minutes in the vapor the patient is removed to bed; in a short time a gentle perspiration sets in, which is most beneficial. The bath may be repeated every second day. If the bowels are irregular, five grains of calomel, followed, if necessary, by a dose of castor oil in the morning, acts better than any other aperient. In bronchitis occurring in strong adults, I prefer tartar emetic, in one-sixth grain doses, to any other remedy; it frees both the bronchial and cutaneous secretions, and lessens the inflammation. It may very advantageously be combined with spt. ammon. arom. Tincture of aconite in two minim doses every hour is very useful, especially in phthisical persons, where the great object is to overcome the inflammation in the shortest time possible; it should, however, be used with caution. Leeches to the chest and dry cupping afford great relief. Linseed meal and mustard poultices should be kept frequently applied.

In capillary bronchitis tartar emetic may be given for the first day or two, but if there are any signs of depression it should be omitted. Afterward spirits of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which which may exist. If the kidneys are not acting properly spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept constantly applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off, iodide of potassium and carbonate of ammonia internally, with flying blisters about the sternum, afford the best results.

In chronic bronchitis it is of great importance to improve the general health. The diet must be carefully regulated; stimulants are needed in most cases; and a general tonic plan of treatment should be adopted. The condition of the bowels should be inquired into, and if necessary, corrected. If the heart is affected, tincture of digitalis should be given. Where there is bronchorrhœa, turpentine, chloride of ammonium, and the balsams, together with inhalations of turpentine, creasote, or iodine, are most effectual in relieving excessive secretion. If there are fetid sputa carbolic acid inhalations will usually correct this unpleasant symptom. When the healthy action of the mucous membrane is becoming reëstablished arsenic is very beneficial; it increases the appetite, improves the state of the blood, and restores the tone of the pulmonary tissues. If there is anæmia, tincture of the perchloride of iron may be combined with the arsenic; if this is done the bowels should be kept regularly acting, or the iron will have little effect. Iodide of ammonium and sulphur are most useful in gouty bronchitis.

Persons who suffer from winter cough should, if possible, reside during that season in some mild climate. If this cannot be they should be kept constantly under observation, and the slightest pulmonary symptoms should receive attention and treatment.

In syphilitic bronchitis mercury should on no account be given, or the case will become one of phthisis. Iodide of potassium and iodide of iron, with decoction of cinchona, will generally greatly relieve the symptoms. Cod-liver oil with good diet will assist in restoring the patient.

Effects of Salicylic Acid.

In a paper on the action of salicin and salicylic acid in acute rheumatism, which was read before the Harveian Society by William Squire, M.D., F.R.C.P., and an abstract of which was published in the *Lancet*, December 20th, 1879, the author remarks that many objections to the use of this remedy have disappeared since the dose has been more accurately determined. Less than half a drachm of the acid, or forty grains of salicylate of soda, taken daily by a healthy man, will not produce any marked effects, but fifty grains of the acid, or a drachm of its soda salt, taken continuously for two days, will do so; the effects of one drachm of the acid taken at a single dose will also be felt for two days. Sixty grains given to a boy six years old, in typhoid fever, caused great depression for two days. A drachm of salicylate of soda, given one afternoon to a young woman with rheumatic fever, caused delirium, which subsided in three hours. A characteristic of nervous symptoms produced by the salicylates, is that they subside quickly on discontinuing the medicine, even when during some days such quantities as 360 or 600 grains have been taken, and have produced delirium and albuminuria. Extreme effects produced by 340 grains, given in six hours, by mistake, to a girl at Kiel, were recovered from in ten days. Some large doses of salicin and salicylic acid, said to be harmless, were probably not all absorbed. Fifteen grains of salicylic acid is the smallest dose reported as producing nervous symptoms. Delirium occurred in two of my cases, and some deafness in one, before giving the salicylates. Symptoms of disease, such as of cerebral rheumatism and of embolism, have been attributed unjustly to salicylic acid. The continuance of extreme doses is of no service in rheumatism, and may be dangerous in typhoid or in erysipelas from pulmonary congestion being either masked or increased.

A too enthusiastic claim of efficacy has been a hindrance to the more general employment of this remedy in rheumatism; the disease is too serious to be spoken of as henceforth an affair of a few days only. Both pericarditis and endocarditis have been known to arise during this treatment. It will neither prevent nor control the danger of hyperpyrexia. That relapses are more frequent afterward may be doubted; the *onus probandi* rests with those who make the objection. Under other treatment a patient continuously febrile for ten days has no relapse, because there is no remission; the tendency to relapse after defervescence has in all cases to be guarded against; in this it is readily relieved, and the time in which it is likely sooner over.

Effects of the Long-continued Use of Chloral.

We learn from the *Lancet*, of January 17, 1880, that at the annual general meeting of the Clinical Society of London, held on the ninth of that month, Dr. Farquharson read the Report of the Committee appointed to ascertain what deleterious effects follow the prolonged and continued use of chloral in ordinary doses. It stated that seventy special replies and three printed papers had been received in reply to nearly 1000 circulars distributed throughout the profession, followed a few months later by a second appeal, made public through the freely accorded medium of the medical press. Twenty-nine answers state that, after extensive experience of chloral in long continued doses, no ill effects have been observed. Ten of these correspondents enjoy the special opportunities for observation afforded by asylum practice, and Mr. Curgenven, Dr. C. T. Williams, Dr. W. Squire, Dr. Buzzard, Dr. Clifford Allbutt, and others, furnish cases in which chloral had been regularly and beneficially taken

for periods varying from two to ten years. Before proceeding to analyze the replies received from those who had observed inconvenient effects to follow the use of chloral, the committee drew up a brief summary of what has already been recorded on the subject. Their special information has been arranged under the various headings of the schedule, thus: *A. Nervous System.* Fourteen answers record cases in which nervous debility, mental enfeeblement, and convulsive seizures appeared to follow the use of chloral, Dr. Maudsley, Dr. Clouston, and Dr. Lindsay expressing themselves as strongly opposed to its employment in insanity. *B. Circulatory System.* Two answers under this heading note some cardiac enfeeblement. *C. Digestive System.* Six replies mention digestive disturbance as occasionally following the administration of alcohol. *D. Cutaneous.* Nine correspondents give details of cases in which they observed itching of the skin, lichenous eruption, with deep flushing of face and head, following the taking of stimulants. *E.* Two replies indicate the possibility of urinary irritation being produced by chloral. Inquiry among some of the leading druggists of the metropolis has not established the probability that there is any remarkable abuse, by the public, of the facilities which they enjoy of purchasing for themselves any quantity of chloral. The drug, it may be mentioned, is not included by the legislature among those the sale of which is guarded by the name and address of the purchaser being required to be registered by the vendor. In conclusion, the committee expressed regret that, in spite of repeated appeals to individuals generally and to the profession, by circular, and through the medical press, they have failed to obtain any more definite information than that contained in the preceding report; and, although the opinions expressed by numerous gentlemen of experience will, doubtless, be received with the respect which is their due, the committee would have been glad if more facts, from which definite conclusions might have been drawn, had been placed at their disposal.

Tuberculosis of the Heart.

The *British Medical Journal*, of January 17, 1880, informs us that M. Sänger, from data yielded by the anatomical examination of twenty-two cases of tuberculosis of the heart collected in his work, endeavors to establish the following forms of this affection: 1. Extra-pericardial tuberculosis, having by direct propagation reached the pericardium and myocardium; 2. Perimyocardial tuberculosis; 3. A myocardic tuberculosis properly so called; 4. Endocardial tuberculosis. The first form of tuberculosis of the heart generally proceeds from a tuberculous bronchial gland. It is doubtful if its originating focus can be constituted by a pleural tuberculous exudation. With reference to the nature of the tuberculous lesions which may affect the heart, Sänger distinguishes—1, circumscribed tuberculosis, characterized by the presence of large or small nodosities; 2, a diffuse tuberculosis; 3, chronic myocarditis with tuberculosis. 4. In cases of circumscribed tuberculosis, the cardiac muscle is the seat of a uniform alteration, leading to a homogeneous caseous transformation of the epicardium and the myocardium. It is under the form of tuberculosis that the cardiac muscle is habitually the seat of foci of softening of the centre. Finally, the third variety comprehends the cases in which a chronic caseous or fibrous myocarditis is only accidentally complicated with tuberculous lesions. Among the secondary changes brought on by tuberculosis of the heart, M. Sänger mentions one case of œdema of the valves of the left heart, two cases of hypertrophy and dilatation of the heart, one case of compression of the pulmonary vessels, one case of stricture of the right auricle, one case of dropsy of the pericardium. Tuberculosis of the heart supervenes at all ages; it has no special symptomatology. Thus, when it is characterized anatomically by the presence of true tubercles in the pericardium, it is only by accident that these latter are discovered on *post-mortem* examination.

The Treatment of Varicocele by Acupressure of Spermatic Veins.

In the *British Medical Journal*, January 10th, 1880, we find a report of the following three cases, by S. Osborn, F.R.C.S.:—

Case 1.—J. B., aged seventeen, a green grocer, was kicked, about a year ago, in the scrotum. The left testicle began at once to decrease in size, whereas the right was, in consequence, swollen. On examination the right testicle was found to hang the lower, which he believed had been always the case; and the veins above were considerably varicosed. The left testicle was atrophied.

On September 10th, the veins having been separated from the spermatic artery, a hare-lip pin was passed through the scrotum behind the veins, and brought out again through the scrotum, as near as possible to the point of entry; the veins being thereby compressed between the pin and the scrotum, as in the first form of acupressure. The scrotum was supported by a band of strapping passed across the thighs, and an ice bag applied.

September 14th. He was going on well. He suffered but slight pain from the effects of the operation. The pin was removed, after being in about eighty-four hours.

September 20th. Having been supplied with a suspensory bandage, the patient left the hospital cured.

Case 2.—A. E., aged fifteen, of no occupation, came first under my notice on account of suffering from infantile paralysis of the left leg, and requiring a high boot. The left side of the scrotum was pendulous and the veins in a varicose condition, the testicle itself being slightly smaller than that of the right side.

June 9th. The spermatic veins were compressed by a hare-lip pin, and an ice bag applied. On the 13th the pin was removed, there being some slight suppuration at its points of entry and exit. On the 17th he was allowed to leave his bed, the scrotum being still supported by a bandage.

Case 3.—G. W., aged nineteen, a stud groom, had suffered from varicocele on the left side for

two years, and which, of late, had tended to increase in size and occasion him some pain, extending upward to the loin. The left testicle had always hung lower than the right. On January 7th the spermatic veins were compressed by a hare-lip pin, which was removed on the morning of the 10th. After one week's confinement to his bed he was allowed to get up, wearing a suspensory bandage.

Remarks.—From the above it will be seen that the left side was affected in two instances and the right in one. In Cases 1 and 3, the testicle which hung the lower was the one to receive the injury; whereas in Case 2, the fact of the left side being diseased is attributable solely to that having been the side affected by the paralysis. The origin of the varicocele in Cases 1 and 3 was probably due to injury—in the one case from a kick, and in the other as the result of his occupation; while the cause of the pendulous scrotum and consequent varicocele in the remaining case was due to the same paralysis which occasioned the palsied condition of the left leg. The operation performed in the three cases was identical. No anæsthetic was administered, and the pin was removed from the third to the fourth day. The patients have since presented themselves, and the operation has been found to have been successful. The simplicity of this mode of treatment, and at the same time its efficiency, are points in favor of its more frequent adoption.

Removal of a Living Child Ten Minutes after the Death of the Mother.

Dr. Stork, of Copenhagen, in *Centralblatt für Gynäkologie*, No. 25, 1879, reports the following case, which is extremely important, as helping to determine how long after the death of the mother a living child may be removed:—

The patient suffered for some time, from albuminuria and œdema of the lower extremities; was thirty years old, a primipara, and had several years ago suffered from rheumatic fever. Her circumstances were comfortable. Toward the end of her pregnancy the patient complained of breathlessness and general disturbance, with much restlessness. The only indication of cardiac disease was a weak systolic murmur, audible over the aortic valves; there was much hydramnios. The patient was suddenly seized with a fit of coughing and intense dyspnœa, during which she sprang out of bed and seated herself in a chair, in a condition of intense cyanosis. An attempt was made to give relief by venesection, but no blood would come. A few seconds afterward she died. About eight to ten minutes after death Cæsarean section was performed, and a well-developed male child removed. The entire operation lasted about half a minute. The child was pale and relaxed. Dr. Storch, however, perceived a feeble and slow pulsation in the cord, about 70 beats in the minute. The cord was speedily tied, and persistent efforts at resuscitation continued for an hour and a half, the methods employed being the rhythmical blowing of air into the chest, through a silver catheter, alternating with Schultze's method of artificial respiration. These were followed by complete success, although a full half-hour passed before the child made its first feeble spontaneous inspiration.

Albuminate of Iron—Its Preparation and Use.

Dr. W. Donitz, of Tokio, Japan, in the *Berlin Klin. Wochenschrift*, gives the following directions for preparing it:—

The whites of one or two eggs are beaten up with about five ounces of water, while six drops of solution of chloride of iron of the German Pharmacopœia are dissolved in an ounce of water, in another vessel. The iron solution is then added gradually to the albumen, the mixture being continuously and vigorously stirred meanwhile. At first the mixture is cloudy, but by thorough stirring it becomes almost or quite clear. The cautious addition of a few drops of hydrochloric acid clears up the solution, but this is hardly necessary if the stirring process has been well carried out. When the solution is cloudy or contains clots of albumen, it may be easily filtered. The filtered fluid is brought up to six ounces, so that a tablespoonful will contain one-half drop of the iron solution. For convenience of dispensing the albuminate of iron, it may be dried into thin scales and powdered, since it is easier to dissolve this powder in water than to prepare a fresh supply of the moist albuminate. Dr. Donitz has employed this preparation for the past two years with great satisfaction. It can be given in cases where the stomach is so weak that no other preparation of iron is tolerated. The dose is a tablespoonful thrice daily. Hypodermically, Dr. Donitz has given the preparation in doses of one-eighth of a grain or more, in an ordinary syringeful of solution, of which one half was injected in one locality and the other half in another, at one time.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A list of members of the Academy of Medicine has been prepared by the Secretary, Dr. R. J. Dunglison.

——A report of a case of "Objective Aural Sounds Produced by Voluntary Contraction of the Tubal Muscles," is sent to us by the author, Swan M. Burnett, M.D., of Washington, D. C.

——There has lately appeared a pamphlet entitled *The Answer of the New York Neurological Society* to the document known as the Report of the Committee on Public Health relative to Lunatic Asylums.

——We have just received the *Annual Announcement of the Courses of Lectures Delivered in the Philadelphia School of Anatomy*, for 1880. The course of instruction comprises anatomy, practical anatomy, bandaging and fracture dressing, and operative surgery.

——The valedictory address of Dr. Wm. F. McNutt to the graduating class of the Medical Department of the University of California is good of its kind, and appears as a neatly printed pamphlet. In the course of it he makes the calculation that in the United States 200,000 deaths annually are due to preventable and unnecessary causes.

——William Warren Potter, M.D., of Batavia, N. Y., in a reprint from the *American Journal of Obstetrics and Diseases of Women and Children*, discusses the question of "Rectal Alimentation and the Induction of Abortion for the Relief of the Obstinate Vomiting of Pregnancy," and gives a detailed history of a case in which the latter extreme measure undoubtedly saved the life of the mother.

——In a treatise on "Laminitis," by A. A. Holcombe, V.S., Professor of Surgical Pathology and Obstetrics in the American Veterinary College, the author discusses the nomenclature, nature, etiology, symptoms, course, complications, prophylaxis and treatment of this disease, in a thorough and scientific manner. We consider the little monograph before us a valuable addition to the too scanty literature on veterinary medicine.

——"Notes on Fever Nursing," by James W. Allen, M.B., Superintendent and Physician of the City of Glasgow Fever Hospital, Belvidere, and a clinical lecture "On the Internal Use of Water for the Sick, and On Thirst," delivered at the Pennsylvania Hospital, October 25th, 1879, by J. Forsyth Meigs, M.D., are two neat monographs containing, the one a series of concise and admirably arranged instructions for nurses, the other, a forcible argument against the erroneous idea that water should be withheld from the sick; an idea which, unfortunately, is entertained in many rural districts, and even by a few physicians, up to this day. Published and for sale by Lindsay & Blakiston; price, 75 cts., and 25 cts., respectively.

BOOK NOTICES.

Annual Report of the Supervising Surgeon General of the Marine Hospital Service of the United States, for the fiscal years 1878 and 1879. pp. 176.

The official report of the Secretary of the Treasury shows that during the fiscal year ended June 30th, 1879, 20,922 seamen were furnished relief by the Marine Hospital Service. Of this number, 11,499 were treated as hospital patients, and 9423 as dispensary or "out-patients;" 331,629 days' relief were furnished, and 14,265 prescriptions were supplied to out-patients. The number of patients treated shows an increase over the year 1878 of 2699, and of 4114 over any year previous to 1878.

The receipts were $361,409.58, and the total expenditures were $375,164.01. On this basis of expenditure the *per capita* cost was $17.93, which shows a reduction in cost *per capita*, from the year 1878, of $2.11, and gives a continuous reduction in cost *per capita* since the reorganization of the Service in 1870, when the cost was $38.41. The above covers all items of expenses on account of the Service.

The expenditures for repairs were, for the year ended June 30, 1878, $8140.01, and for the year ended June 30, 1879, $5051.70.

The repayments to the funds on account of foreign seamen treated in the marine hospitals amounted to $4252.35, while the expenses of the same are included in the general statement.

In order to prevent the shipment of seamen disqualified for active service, it has been decided to make a trial of a system of physical examination, and a circular was accordingly issued on June 11, 1879, to medical officers and acting assistant surgeons of the Service, directing them to gratuitously examine any seamen brought to them for that purpose by the master, owner or agent of any American vessel engaged in foreign trade. Up to the 30th of October, 1879, 345 seamen had been examined; of these only 12 were found unseaworthy. These men had, however, been carefully selected before being brought up for examination, and the number was too small to form any trustworthy data on which to base the probable number of unsound and disabled men actually engaged as seamen.

The necessity for new hospitals at Baltimore, New Orleans, Cairo, Memphis, Vicksburg, Norfolk, Galveston, Savannah and Pittsburg, is pointed out, pavilion hospitals being recommended for the two first named places, and cottage hospitals for the others.

During the year ended June 30th, 1879, two medical examining boards were convened—one in August, 1877, and the second in April, 1879. At the first examination eleven candidates were examined, and three found qualified for appointment; at the second twenty-one were examined and four found qualified. All those passing successful examinations were appointed assistant surgeons.

The medical corps has sustained the loss of two officers by death, during the year—Surgeon

General John M. Woodworth and Assistant Surgeon Roswell Waldo. The death of the latter was caused by yellow fever contracted in the line of duty during the epidemic of 1878.

The statistics, which take up eighty-six pages, are admirably arranged, and contain much valuable information.

The appendix contains the following reports:—

1. "Sanitary Report for the Year 1878, with Consolidated Sick Report for Twenty Years at Boston," by J. B. Hamilton, Surgeon United States Marine Hospital. In this report we find, besides a brief sketch of the Chelsea Hospital, a clear and accurate description of the mode of life and habits of the sailor while on shore, and his diet at sea, together with statistical tables of the patients received in the U. S. Marine Hospital during the twenty years ended June 30th, 1878. Among diseases, syphilis takes the lead as regards frequency, 2099 out of the entire number of patients—which was 14,419—coming under that head; next in frequency comes ague, with 1181; then gonorrhœa, 647, etc. Deep water sailors were less subject to diseases resulting from debaucheries, and to most other diseases except those of the digestive organs, than coasters. The author points out that a ration of dried fruit, stewed and issued at supper, would be a valuable addition to the ordinary bill of fare aboard merchant vessels, and would not only add to the comfort of the men, but be conducive to health.

In conclusion he says: "The physical examination of seamen, and a local registration of the abadoned women on shore, would do for syphilis what the enforced introduction of lime juice has done for scurvy, practically eliminate it from the list of diseases to which sailors are liable. Not a single case of scurvy was admitted to this hospital during the past year, and there have been but forty-nine cases for the past ten years, out of a total of one hundred and twenty-seven for the last twenty years."

2. Yellow Fever at Gallipolis, Ohio, 1878. By Surgeon W. H. Long.

3. Yellow Fever at St. Louis, Mo., 1879. By Surgeon Water Wyman.

4. Yellow Fever at Cairo, Ill., 1878. Extracted from reports of Assistant Surgeon R. Waldo, Acting Assistant Surgeon J. H. O'Reilly, and Assistant Surgeon H. M. Keyer.

5. "Notes from the Cruise of the U. S. Revenue Steamer 'Rush,' in Alaskan Waters." Extracted from the report of Assistant Surgeon Robert White. In this report a vivid account is given of the mode of life, morals, diseases, etc., of the Indians and whites inhabiting Alaska; with observations of the climate and physical geography of the country. The morals among these people were low, the women leading lives of indiscriminate prostitution, with the consent of their husbands and fathers. Drunkenness was common, and as the importation of liquors in any form into the territory is prohibited by United States law, the natives resort to extemporaneous distillation for a supply. The prevailing diseases are syphilis, scrofula, rheumatism and chronic catarrhal and tubercular diseases of the lungs. Smallpox epidemics have, at various periods, destroyed large portions of the population. But few have been protected by vaccination.

Transactions of the Wisconsin State Medical Society, 1879. pp. 306.

The President, Nicholas Senn, M.D., of Milwaukee, in his address on medical legislation, gives a brief sketch of the different systems of medical instruction and the laws regulating the practice of medicine throughout the eastern countries and Europe, from the earliest period of which we have any historical knowledge up to the present time, and then goes on describing the manner in which medical instruction was imparted during the early colonial existence of our own country, and the gradual changes which it has undergone since. He advocates strongly the separation of medical teaching and licensing. Says he: "No diploma, no ten years' practice, ought to be accepted as sufficient evidence of qualification; a license obtained after a thorough and impartial examination by a competent board should constitute the only legal authority to practice. Incompetent men, no matter how old they may be, or how long they may have pursued their wicked trade, should never receive the sanction of a license." Again, "Take away from our colleges the power to confer license, and they will be model institutions."

Papers were read on new and improved instruments, with illustrations, by Dr. J. G. Meachem, Sr.; on psoas and lumbar abscess, by Dr. D. La Count; on the Pathology of Scrofulides and Syphilides, by Dr. R. H. Williamson; on Diphtheria, by Dr. George D. Wilber; on New Remedies, by Dr. Henry P. Wenzel; on six cases of Lithotomy, by Dr. Wm. Meacher; report on Obstetrics and Gynæcology, by Dr. J. K. Bartlett; and several others, indicating a considerable amount of interest and activity among the members of the Society.

The next annual meeting will be held in the city of Milwaukee, commencing the first Thursday in May, 1880.

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CURIOUS MENTAL RELATIONS OF SELF-CONSCIOUSNESS.

What constitutes individuality or personality has long been one of the hardest nuts for metaphysicians to crack. There was a famous instance in the early part of the seventeenth century, on which both DESCARTES and SPINOZA sharpened their wits. A Spanish nobleman received a blow on the head, from which he apparently recovered completely, but with total forgetfulness of everything and everybody that he knew previous to his injury. He was obliged to learn the language anew, and could not be brought into any mental relation with his former self, though in other ways quite sane. SPINOZA does not hesitate to say that he was a different person than before, another individual.

His argument is subtle; in a modern version it may be stated thus: as we recognize personality to continue, although all the matter of which the body is composed changes every few years, or, as some say, every few months, the element of personality must rest in the continuity of psychical impressions; when this is absolutely dissevered, then personality ceases; otherwise, if we maintain that it does not, because the body remains, we are in the position of the man who claimed his knife was the same after he had got a new handle to the blade and a new blade to the handle!

Physiology comes to the aid of metaphysics by defining the sense of personality as one of the cerebral forces dependent on nervous action at once continuous and related. There are examples where it is continuous but not related. A famous example occurred in the Franco-German war. A soldier wounded in the head recovered with the odd sequela of a double mental life; for several weeks he would live one life, then pass into another, with no recollection of the former one, but with its own independent series of acquisitions and impressions; then he would revert to his first life again without a shadow of memory of his intermediate existence, and so on alternately.

This duplicate existence is quite common in epileptics, and the clinical records of that malady offer a number of carefully recorded cases. In a less degree it may be said to be the case in dreams. It is explainable on the supposition that certain portions of the brain are active at one time, dormant at another; or that during one period one half of the brain is at work while the other half is not; and that when this condition is reversed, total forgetfulness of the intervening period ensues.

Several recent cases have been recorded in the medical journals analogous to those we have referred to. In one, a man of about fifty years, with some money, well-dressed and with a traveling bag, found himself in a small city in Ohio, without any knowledge of who he himself was, whither he was going or whence he was from. On other subjects he was perfectly sane, proving quick at figures and an expert penman, of good education and polished manners, altogether a competent man of business, except this one extraordinary and remarkable trick of memory. What is unusual and a little suspicious was the

fact that nowhere about him was any old letter, note-book, mark on his linen or clothing anywhere, which bore a name, initials or monogram. It looked as if he had prepared himself to lose himself. It were well, if this thing grows common, for every prudent man to have a line in his pocket-book to this effect: "Mem.—I am John Smith, of Smithville," so that when he forgets who he is, he can remind himself of the fact.

In one of the recent numbers of *Lippincott's Magazine* is a case, probably an imaginary one, but quite consistent with facts, where a man believes he has lived two distinct lives, remembering each with equal certainty; one as a well-to-do lawyer, the other as a needy New England farmer. As he was in truth the latter, the "remembering happier things" was constantly to him, as the poet says, "a sorrow's crown of sorrows." In certain forms of progressive paralysis, the "*delire des grandeurs*," an analogous condition is witnessed. The confident belief expressed, and no doubt entertained, by Mahomet, Swedenborg, and other mystics, that a large part of their lives was spent in heaven, or in delightful converse with heavenly visitors, is a closely allied delusion. The common mental trick of almost unconsciously doing an action or keeping up a formal conversation while the intellect is delighting itself in wholly remote fields of thought or imagination, so beautifully described in Xavier de Maistre's *Voyage autour de ma chambre*, under the figures of *le bête et l'ame*, illustrates how closely the ordinary processes of the mind may parallel these extraordinary vagaries.

Notes and Comments.

Therapeutical Notes.

NITRATE OF SILVER IN BURNS.

The use of nitrate of silver in burns is by no means new; but a method proposed by Dr. Werner has some novel features. His prescription is—

℞.	Argenti nitratis,	gr. xij	
	Dissolve in water, and add		
	Olei lini,	℥j.	M.

It must be laid on carefully with a brush or pledget of lint, the injured part being immediately wrapped up in several layers of wadding. Special care should be taken that the layer of wadding next the injured part lies evenly, and is free from folds or wrinkles. The first dressing may require to be renewed within forty-eight hours, but if there be no escape externally of pus or serum it may be left on for four or five days. The most important condition of success is to keep the dressing firmly adherent to the part; thus, if a burn be situated on the fingers, the wadding should be applied round each finger separately, and be securely fastened on.

MIXTURE FOR ACUTE GONORRHŒA.

Dr. Jacques Reverdin, of Geneva, prescribes the following mixture at the outset of acute blenorrhagia. It modifies, very advantageously, the nature of the urine, and is well tolerated by the patient:—

℞.	Pulv. sacchari albi.	℥ iij
	Sodii bicarbonatis,	℥ v
	Acidi benzoici,	℥ iss
	Essentiæ limonis, q.s.	

A teaspoonful to be taken six times a day, in a tumbler of water. To be continued until, the discharge being altered in character, injections and balsams are prescribed.

QUININE IN WHOOPING COUGH.

A British authority recommends the following as "almost a specific" in this disease:—

℞.	Quiniæ sulphatis,	℈ j
	Sol. acid hydrobromic. (Fothergill),	℥ iss
	Syrupi altheæ,	℥ iss
	Aquæ, ad	℥ vi. M.

A dessertspoonful 4 times a day; the dose to be increased according to age.

The Effect of Ozone.

From experiments performed by Prof. Barlow, of Glasgow, the results of which were published in a recent number of the English *Journal of Anatomy and Physiology*, it appears that ozone depresses the nervous system, probably by overcharging the blood with carbon dioxide. It diminishes the normal respiration, and thereby diminishes the heart's action, these being probably caused by the ozone affecting the character of the mucous membrane of the lung. The alteration of this membrane by the ozone, if it be present in large quantities, or if the air breathed with it contain a large quantity of carbon dioxide, may produce death from asphyxia within an hour. If the proportions be less, still death may be caused from bronchitis; and the inhalation of an atmosphere containing one part in one hundred parts by weight of air for an hour may also cause death from bronchitis.

There is no evidence to support the idea that ozone enters into the circulation. These results would seem to show that epidemics of catarrh (inflammation of the mucous membranes of the air passages) may be caused by an excess of ozone in the atmosphere, but unfortunately the normal amount present in the atmosphere is not accurately known, and so it is impossible to say when ozone is in excess.

The Influence of Varicella on Vaccination.

On this subject, Dr. A. E. Osborne, of Delaware Co., Pa., writes us:—

In your issue for February 14th you mention a case in which varicella had complicated vaccination—the virus lying dormant until the acute disease had run its course. Such cases are certainly interesting, and it might be well to ask of practitioners their experience. I chanced to have a case a couple of years ago, where varicella set in after vaccination, (4–5 days) but failed to influence in any way the virus, and I have a case at present in which varicella showed itself on the sixth or seventh day, and has apparently greatly increased the irritation. Both varicella and vaccination have been severe, and have terminated independently of each other.

Aspiration of the Bladder for Retention of Urine.

Eight or ten cases of retention of urine due to organic stricture of the urethra, with spasm superadded, in which endeavors to relieve in the ordinary way had failed, have been successfully treated by Mr. C. B. Pasley, by aspiration of the bladder immediately above the pubes. The advantages of this plan of treatment briefly are, he says (*British Medical Journal*)—

1. The operation is very simple, and, if skillfully performed, absolutely without risk.

2. The pain caused by the introduction of the trocar is trifling and momentary.

3. The patient is afforded instantaneous relief.

4. In every case the patient passed urine freely in a few hours.

5. The delay under the usual method of treatment is avoided, and the patient is saved much unnecessary suffering.

Use of Quebracho in Dyspnœa

According to Dr. J. B. Berkart, of London, the new drug *quebracho* (see Reporter, current volume, p. 84,) continues to prove itself a very efficient palliative of all forms of dyspnœa. His experience of its efficacy refers only to cases in which the dyspnœa was associated with emphysema of the lungs, atheroma of the arteries, and degeneration of the cardiac muscles. In all these cases a teaspoonful of the liquid extract afforded *immediate relief*. In three minutes after the administration of the drug the pulse became somewhat fuller, but not increased in frequency; the patients felt their breathing easier; the face was flushed, and a gentle perspiration appeared on the forehead. There were slight drowsiness and inclination to sleep. These symptoms, however, soon subsided, while the breathing continued to be much improved. We should like readers who use it to send us reports of their success or failure.

Hot Water for the Induction of Premature Labor.

Dr. Benicker related at the Berlin Obstetrical Society a case of dropsy of the amnios, showing the advantage of inducing premature labor by irrigating the vagina with water at a temperature of 40° R. (122 Fahr.), to which some carbolic acid had been added. Two injections in the evening brought on pains, which increased during the night, and after two other injections in the morning the cervix became well dilated. Dr. Benicker recommends this procedure as an energetic means of exciting labor without injury to mother or child. Its effects will vary according to the degree of excitability of the uterine fibres in different women. Dr. Runge, who had already published a successful case, cited another, in which the injection failed. All trials that have been made show the harmlessness of the procedure for the child.

The Injection of Chloral in the Treatment of Tumors.

Dr. Antonio Pupi, in *La France Médicale*, reports a case of rapidly extending erectile tumor, situated in the naso-palpebral region, which he succeeded in curing by injecting chloral into the base of the tumor, after having failed to arrest the disease by other methods. He was led to try this method from the fact that chloral is not only a hæmostatic and cicatrisant, but that it also has the power of coagulating recently drawn blood, the coagulum so formed being insoluble. Three injections were made, at intervals of fifteen days, the strength of the solution being one to ten of distilled water. Each injection was followed by tumefaction, which, however, was painless, and lasted only four or five days. The cure was so complete, that the traces of the tumor could be detected only by one who was acquainted with the case.

Preservation of Surgical Instruments.

The *Indian Medical Gazette*, of November, 1879, says that it is rather disconcerting to learn that, after all the inquiry and science, strained mutton fat is most to be trusted. It would have been satisfactory to learn that science could protect the metal from future oxidation during manufacture. What has become of that discovery, now nearly three years old, by which steel was to be protected from any possible rust by having its surface, not coated, but chemically altered by exposure to super-heated (1200°) steam? For the present, all cutting instruments used in surgery, in India, are to have a coating of mutton fat, and blunt ones are to be nickel-plated.

Ice in Acute Glaucoma.

In a case of this kind, Mr. Henry Greenway writes to the *British Medical Journal*, that he determined to try the application of ice. The result proved satisfactory, for the patient regained vision in the affected eye in the course of a fortnight, so that she could read large type, and further improvement took place eventually. He placed the ice in a small pig's bladder, and as the latter became offensive, he found it necessary to place in it also a small quantity of carbolic acid solution. In order to prevent injurious effects by a too prolonged application of extreme cold he directed the bladder to be removed occasionally, but to be reapplied as soon as returning warmth was perceptible. This treatment was not required longer than two or three days.

Correspondence.

The Tobacco Habit.

Ed. Med. and Surg. Reporter:—

In reply to Dr. B. L. L.'s query, in No. 1195, for an antidote to tobacco, I desire to give my experience. The long list of evils, such as amaurosis, dyspepsia, general and nervous debility, simulated heart disease, etc., following the immoderate use of tobacco, is my only apology for the length of this article.

I commenced the use of tobacco when a mere youth (seven years of age), led into it by older associates. My use of it was constant and immoderate for the next eighteen years. I then determined to break off the habit, and did so for about three years. During the period of abstinence I chewed a variety of substances to satisfy my craving for tobacco. Among these were quassia chips, gentian, snake root, ginseng, dried apples, dried peaches, twigs of apple-tree, sassafras, etc., pine shavings, sticks, weeds, roots, etc., etc. My desire for tobacco was not lessened in the least. Almost unconsciously I again resumed the habit, using tobacco constantly for several years, until a few months past. At that time I began to suffer from inability to sleep, oppression of the præcordia, and tumultuous action of the heart, so that I involuntarily pressed with my hands over the region of the heart and held my breath until the paroxysm, which lasted but a few seconds, was ended. I attributed these symptoms to the abuse of tobacco, and determined to abandon the vile habit, at any rate, until I recovered my health. Right here let me remark, parenthetically, to any one who contemplates breaking off this or any other bad habit, make your resolution for one day at a time (sufficient unto the day is the evil thereof), and shut off from your mind's eye the many recurring days of the future. A resolution for one day alone will be neither hard to make or keep, and if made each succeeding day, will be quite as effectual as a resolution for all time.

Consequently, I put all tobacco out of reach, and commenced my martyrdom. After trying every known substance, I have adopted the twigs of the common willow as the best substitute for tobacco. The wood fibre offers sufficient resistance to the teeth and jaws to stimulate the glands of the mouth, and the bark is sufficiently bitter to relieve it of insipidity. Besides, the bark contains salicin, and has the tonic properties of other bitters, and in this respect will be beneficial. The saliva may be swallowed or ejected, according to the feelings and convenience of the patient.

Thus I gained fifteen pounds in weight within a few weeks, and my heart trouble has ceased entirely. I am of opinion that any one with a pocketful of willow twigs may abandon the use of tobacco. Smokers may think that I offer them no consolation, yet there is comfort for them; like that doctor we have all heard of, who, no matter what the disease, could throw them into fits, and then he was death on fits—it is not difficult for a smoker to convert himself into a chewer, and then my prescription applies.

In conclusion I will say that any one may have an unlimited supply of the willow twigs by sending postage to the undersigned. Persons living in cities and remote from the *habitat* of this shrub may avail themselves of this offer.

Manchester, Ky. E. S. Manning, M. D.

Ed. Med. and Surg. Reporter:—

I see among the Queries, in the number for January 24th, an inquiry for a harmless substitute for tobacco. One that I have found very beneficial, and have used for several years, is the inner bark of the mountain birch, taken from the tree when the sap is up, and dried in the shade. When dry cut or break into small pieces convenient for the mouth, and as the saliva extracts its substance swallow it. Or, perhaps, a preparation more convenient for use, when the bark is dry grind it to the consistence of very fine tanner's bark, and then mix it up with mucilage of gum arabic, adding a very small quantity of capsicum, sufficient to give warmth without taste. Prepared in this way the fine particles adhere together, it dissolves more readily in the

mouth, is very pleasant to the taste, will remove the tobacco poison from the system, as well as rheumatic and neuralgic pains, frequently caused from the excessive use and its poisonous effects. Tobacco, like bad whisky, in some respects, is not used so much for its pleasant taste, as the effect it produces on the nervous system, and as long as the poison remains in the system there is a morbid appetite and craving for the weed; but when once entirely removed that craving ceases, and then a very small amount of perseverance on the part of the patient, to break up the habit of continually chewing something, and the cure is effected.

S. Matlack, M.D.

Raleigh, W. Va.

Treatment of Obstinate Eczema.

Ed. Med. and Surg. Reporter:—

In the Reporter, of January 24th, page 87, is a communication from K. S., asking suggestions in the treatment of "obstinate eczema."

Having encountered a few cases of eczema, covering nearly the entire man, which might well be called "obstinate," I readily understand the disagreeable position the physician in attendance occupies, and know that he only who, in private practice, has eczema in its severity and stubbornness to treat, knows the amount of trouble in store for both patient and attendant, one position, in some cases, being about as objectionable as the other.

In regard to the internal treatment of said disease, the only suggestion I have to make, which I think is not generally adopted, is the use of antacids in sufficient doses to establish and maintain a neutral or alkaline condition of the secretions, thereby rendering that of the skin non irritating, which, I conceive, greatly mitigates the intense itching and burning heat sure to supervene when the patient seeks his couch, gets snugly wrappped up and in perspiration.

Given in this disease, with other remedies of an essential nature, there need be no fear of any debilitating influence from an alkaline treatment carried to the extent above indicated, and so maintained for an indefinite time.

The following I have found of much service in adult cases:—

R.	Sod. bromidi,	ʒj	
	Sod. bicarbonatis,	ʒiiss.	M.

Ft. chart. xxx.

Sig.—One powder, in water, a short time before each meal.

R.	Acidi arseniosi,	gr.j	
	Quiniæ sulphatis,		
	Ferri redacti,	āā ʒss.	M.

Ft. pilulæ xxx.

Sig.—One pill half an hour after each meal.

The above should be perseveringly given, omitting the pills for three or four days in every twenty, and I think before these recipes are duplicated the fourth time the worst cases will be seen to have improved. Arsenic in this disease is the internal remedy of all others to be relied upon, and its effects should be carefully watched.

My desire is to be brief, but before leaving this part of the subject, permit me this thought, which may, in some cases, be of service. We should inquire diligently into the history of our "obstinate" cases, and be well assured there is no syphilitic taint in the system of the patient—not that there is danger of our being unable to distinguish between a cutaneous syphilitic affection and the malady known as eczema, for such is generally an easy matter, but that we may not overlook a cachexy which would, if discovered, make patent a somewhat different constitutional treatment for a speedy and permanent cure.

In the external treatment of eczema one might suppose, from reading the above, alkaline washes to be a favorite with me, especially to allay the itching, and I admit them to be of service, but in most cases only very temporary; the best watery application for that purpose, and one the good effects of which are of the longest duration, I have found to be one to five grains of cyanide of potassium to the ounce of water.

The susceptibility of the skin varies so much in many cases of eczema, so also the severity of the disease, as well as the different stages of said disease in same individual, it is impossible to suit all cases with the same external remedies; but the following general rules, if regarded, will add much to the patient's comfort and materially aid in recovery.

Avoid bandaging and rough handling, also the use of all applications that irritate. When the surface is tender and red, use freely some such substance as glycerine, to exclude air and keep the parts moist. In the stage of exudation avoid greasy applications. Astringents may be used when we are assured the redness is disappearing, combined, if desired, with anodynes, to aid in allaying the itching.

Observance of these simple rules, with those auxiliaries and corrigents which are sure to suggest themselves to the M.D. in attendance, such, for example, as poulticing, to remove crusts, absorbent powders, if indicated, alterative and revulsive applications if there remains an indurated and thickened condition of the skin, etc., with persevering use of arsenic and such other internal remedies as herein suggested, are generally all that is demanded in treating the most malign forms of eczema.

John S. Aydelotte, M.D.

Snow Hill, Md., Feb. 9th, 1880.

News and Miscellany.

Color Blindness in Railroad Employes.

This subject has engaged the careful attention of the railroad Commissioners of Massachusetts. After a full examination of the subject, their conclusions are as follows:—

1. That the existence of color blindness, total and partial, is a well-established fact, and that there are men who, by reason of such defect, are unfit for positions on railroads requiring ability to distinguish color signals. 2. That the extent of dangerous color blindness, *i.e.*, such color blindness as unfits persons for railroad employment, has been greatly exaggerated, and that a very small per cent. of persons are, for this reason, unfit for such employment. 3. That examination may be properly made by persons not

medical experts; and that such examinations will certainly be sufficient, if doubtful cases are referred to such experts. 4. The board recommends that every railroad company shall have an annual examination of every employe whose duties require or may require capacity to distinguish form or color signals, and that no one shall be so employed who has not been thus examined. The examination should refer to color blindness and to other defects in vision. It should include all who are in any way concerned in the movement of trains. 5. The board does not recommend any legislation on the subject. The interest of each corporation is strong enough to insure careful examination. Humanity would prevent any company from knowingly employing a person whose defective sight might at any time cause a fatal accident. And self-interest will make railroad managers careful in avoiding even false charges that accidents have resulted from such defects.

Deaths from Alcohol.

The Harveian Society, of London, lately investigated the cause of 1615 deaths in the private practice of its members among the middle and upper classes of London. Out of these, no fewer than 188, or 11.64 per cent., were partially, and 74, or 4.58 per cent., wholly, due to alcohol. The deaths partially due to alcohol were found to be, among men, 17.5 per cent. of the whole, and among women, 7.37; the deaths attributed entirely to alcohol, among men, 5.3; among women, 4 per cent. Thus, while men preponderated in both classes, the proportion of women to men in the class directly killed by alcohol was much larger than it was in the class of deaths partially caused by drink. The greatest mortality in the former class was at the ages from forty to forty-nine; in the latter, from fifty to fifty-nine. Of the wholly alcoholic deaths, no less than thirty-two were referred to disorders of the liver and digestive organs; nine to various forms of chest disease; seventeen, in plain terms, to excessive drinking, or some equivalent phrase.

Animal Vaccination

Is making constant progress in Europe. The eminent hygienist, Dr. de Pietra Santa, read a paper, a few weeks ago, before the Société d'Hygiène, of Paris, in which he insisted on the happy results afforded by animal vaccination. He showed that Italy, Germany, Russia, Switzerland, Austria, etc., were in this respect much in advance of France. In concluding his report, Dr. de Pietra Santa conjured the Academy to take up seriously the important question. He does not deny the efficacy of arm to-arm vaccination, but he has endeavored to show that animal vaccination has incontestable advantages over it.

Items.

—A bill has been introduced in the legislature of California, prohibiting the payment to physicians, by druggists, of a percentage on prescriptions, as is the custom there to some extent.

—A colored woman died in this city last week alleged to be one hundred and fifteen years old. At any rate, there was proof she was manumitted in 1786 and left a living child of eighty-three years.

—The building in which the Medical College of Indiana conducted its exercises was destroyed by fire on the night of the 10th inst. A considerable amount of apparatus belonging to the corporation and to private individuals was lost.

—According to the last census there are one hundred and ninety-four individuals in France over one hundred years old. There are five bachelors, three married men, forty widowers, twenty-two old maids, ten married women, and one hundred and fourteen widows. If these figures prove anything, it must be that widowhood is conducive to longevity.

—In the Massachusetts State Legislature a petition has been presented by a committee of the health department of the American Social Science Association, that all persons be prevented from practicing any branch of medicine in that State, except such persons as have furnished to the authorities sufficient evidence of good moral character and of the possession of a thorough knowledge of their duty and calling.

—On December 10th, 1878, the first cremation was performed at Gotha. *Nature* reports that in that town, during 1879, fifteen other cremations were performed. This is looked upon as an extremely satisfactory result for the first year in which the process may be chosen by and for anybody. The time for the complete incineration of the bodies was between one and a half and two and a half hours, therefore about two hours on the average.

—The Illinois State Board of Health held a meeting, Feb. 5th, at Chicago, mainly to consider the charges of unprofessional and dishonorable conduct brought against parties who have the certificates of the board. The board has not heretofore been able, for want of time, to take up many of these cases, but now intends to fully carry out the letter and spirit of the law, which is designed to protect the public against all sorts of professional ignorance, quackery and crime, and this is the inauguration of aggressive work in this direction. The moral force of the statute to regulate the practice of medicine has, it is stated, operated to the satisfaction of all interested, and it has been the main dependence of the board and the friends of the law heretofore. The board has fully prepared itself for an active campaign.

Personal

—Dr. J. Lockhart Clarke, distinguished for his studies on the central nervous system, died in London, January 25th in his 64th year. He was a most able scientist, but not specially successful in gaining practice.

—Francis Boll, Professor of Comparative Physiology in the University of Rome, died on December 19th. He was one of those German physiologists, like Moleschott and Schiff, who have made Italy their home since it became a united kingdom.

—A dispatch from Galveston, Texas, February 17th, states that Dr. J. J. O'Reilley, a stranger there, committed suicide in the station house Sunday night, by cutting his jugular vein with a lancet. It is said that he was a prominent physician of Louisville, and that he strayed to Texas while under the influence of liquor.

—Washington dispatches inform us that the Senate Committee on Pensions has unkindly and impolitely rejected the application for an increase of pension made by Dr. Mary E. Walker. She draws at present $8.50 a month for injury to her eyes, stated to be contracted in the service, although the examining surgeon expressed some doubt as to whether the weakness of the applicant's eyes was caused by exposure, or was the usual accompaniment of advancing age.

—Prof. Virchow, of Berlin, is a distinguished liberal politician, as well as the greatest pathologist living. At a meeting of the Progressist party held the other day at Berlin he observed that there is in Germany scarcely any independent thought on questions of foreign politics. People have long ceased to discuss such subjects, owing to the prevalence of the notion that Prince Bismarck alone understands them. He concludes from this that public life in Germany is on the decline, and that even intellectually the Germans will fall back if they persist in their present lethargy.

QUERIES AND REPLIES.

Cinchona.

Dr. C. H. S., of N. J., writes (see page 154): "Cinchona bark was named out of compliment to a Spanish lady, *La Condesa de Chinchon*. The Spanish is chinchon not cinchon. *Cinchona* is not a Spanish but a Latin word, derived from the Spanish. The "h" in the first syllable has been dropped, and an "a" added to the end of the word, in order to make it capable of expressing the case without the aid of a preposition."

Ans.—Dr. S. gives the correct form of the Spanish name, but in his insistance that the ch should be hard, whatever his reasoning, he stands opposed to the greatest living authority on cinchona, Mr. C. R. Markham, who spells and pronounces the name *Chinchona* (ch soft). See his *Memoir of the Lady Ana de Osorio, Countess of Chinchon, with a plea for the correct spelling of the Chinchona genus* (London, 1874).

Cod-liver Oil Emulsion.

Dr. J. W. C. O'Neal, of Pa., writes, in reply to the inquiry of Dr. W. B. T., I would suggest the following formula for cod-liver oil emulsion :—

R. Yolk of eggs,	No.ij
Mist water,	f.℥iiiss
Triturate, and add by trituration—	
Loaf sugar, grained,	℥ij
Triturate, and add by trituration—	
Cod-liver oil,	f.℥viij
Spiritus frumenti,	f.℥viiss
Tinct. of opium, camphorated,	f.℥iij. M.

This formula is written as it should be worked, is pleasant to the eye and agreeable to the taste. The emulsion is permanent. Dose, a tablespoonful.

Blistering in Pneumonia.

To Dr. S. W. J. of Texas.—If your pneumonic cases are complicated with scurvy, or allied cachexia, do not use blisters at all. After twenty years observation I have yet to see the first uncomplicated case of pneumonia blistered too early, but have seen many applied too late. Do not keep on too long, and do not quit the poultice too soon. Make your diagnosis first, and there will be no necessity of again percussing the blistered surface; there is an abundance of other means by which you can know how the lung is progressing.

San Diego, Cal. F. R. MILLARD, M.D.

Dr. S. C. P., of Ill., asks suggestions in a case of chronic urticaria. The patient is a Jewess, forty years of age, mother of four children. The attacks are recurrent, lasting at a time about two weeks. The general health is good, except a slight leucorrhœa.

Dr. W. P. L. of D. C., asks practical suggestions on the treatment of phosphatic deposits. He complains that the usual treatises say too little about remedial measures.

Dr. J. W. C., of Ala., asks: Is there any known means by which the blood of a negro can be distinguished from that of a white man.

Ans.—We do not believe there is, although it has been asserted to be not above the range of some microscopists.

Constant Reader asks: Does the possession of a medical diploma by a man in easy circumstances, and who is not (and never has been) a practitioner of medicine, entitle him to gratuitous medical attendance?

Ans.—Such a person has no claim to receive medical attendance gratuitously, unless under exceptional circumstances, as when officially connected with a medical body, etc.

Dr. J. E. C., of Pa.—We regret to say that, in spite of all that has been done, the vending of diplomas by an irregular concern in this city continues. Such diplomas should be thrown out by every examining board in the country.

MARRIAGES.

BEAN—WILSON.—In Fairfield, Iowa, January 22d, 1880, by Rev. Carson Reed, J. V. Bean, M.D., of Burlington, and Miss Lizzie R. Wilson, youngest daughter of the late Allen Wilson, of Ottumwa, Iowa.

GAMBLE—McCOY.—At the residence of the bride's parents, in Farmington, December 31st, by Rev. O. A. Elliott, assisted by Rev. J. R. Reasoner, Dr. M. T. Gamble and Alice McCoy, both of Farmington, Ill.

HOAG—ABBOTT.—In Waterbury, Vt., January 21st, by Rev. S. H. Wheeler, assisted by Rev. A. L. Cooper, Dr. C. S. Hoag and Dora A. Abbott, both of Waterbury.

McCOMB—MARSHALL.—At the residence of the bride's parents, Parker City, Pa., February 5th, by Rev. S. A. Hughes, S. F. McComb, M.D., of St. Petersburg, and Miss Mary E. Marshall.

RAMBO—BOWEN.—At the residence of the bride's parents, Manchester, O., February 5th, 1880, by Rev. Dr. Lee Aultman, W. W. Rambo, M.D., of Sand Hill, Ky., and Miss Carlisle Bowen, of Manchester, Ohio.

DEATHS.

BLOODGOOD.—At Flushing, Long Island, on Sunday, the 8th inst, Abraham Bloodgood, M.D., in the 70th year of his age.

COOPER.—On Saturday, February 14th, suddenly, of heart disease, at Coopersburg, Pa., Dr. L. H. Cooper, son of the late Dr. Thomas B. Cooper.

NEILL.—In this city, on the 11th inst., Dr. John Neill, aged sixty years.

PARKER.—In this city, on the 12th inst., Dr. Clifford J. Parker, aged 43 years, son of Charles Parker.

SMITH.—In this city, at his residence, No. 919 Pine street, February 12th, William Henry Smith, M.D., of Meriden, Warwickshire, England, aged 69.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

ON PAIN AND ANÆSTHETICS.

Delivered, by invitation, before the Class of the Pennsylvania College of Dental Surgery, February 6th, 1880.

BY LAURENCE TURNBULL, M.D.

Reported by Lewis S. Ayres, D.D.S.

Dr. Turnbull was introduced by Professor Wilbur F. Litch, with a few complimentary remarks in regard to his devotion to the subject of anæsthetics, which were received with applause by the class.

Dr. Turnbull commenced his lecture by defining pain, and enumerating the various kinds; also the influence they had upon the mind as well as the body. He then passed to the evil influence of pain, affecting man so as, in some instances, to produce shock, depression and even death. The lecturer dwelt upon the use of certain drugs by the ancients, in allaying the agony of pain. He then passed, step by step, to the time when everything seemed to be ready for the great discoveries of the wonderful, nay, almost magical agents with which we now produce artificial anæsthesia. He gave the opinion of the great surgeons of the day on the value of anæsthetic agents in operations like amputations, etc. He then went on to state that we had now come to the most important part of the subject; that is, the choice of an anæsthetic for the various purposes of the surgeon, accoucheur, or dentist. For very protracted operations, in large hospitals or on the field, the agent which has been employed, in this city and we may say in the United States, is pure *ether*. On shipboard or in very hot climates, the ether, on account of its volatility, is not so available, and is better mixed with alcohol or chloroform. In a very few cases chloroform has to be resorted to, but, owing to its long and painful record of valuable lives lost, it must only be employed with the greatest amount of care, and never, except by a qualified medical man and an assistant, and the following means of resuscitation at easy command: A bottle of nitrite of amyl, a portable galvanic or faradic battery, strong liquor ammonia, ice, a pair of catch-forceps, and an air bag with nose-piece, to carefully inflate the lungs. Chloroform should never, for operations upon the mouth, be given in the dental chair, but always in the reclining position, and the patient on his side, so that blood could run out at the angle of the mouth.

The records of some of our most distinguished accoucheurs and gynecologists differ in regard to the agent they prefer. The late Drs. Washington Atlee and Peaslee either employed *ether* alone or a mixture of ether and chloroform, and in conjunction with Dr. W. H. Green we discovered the best mixture to be by weight, namely, nine and one-quarter parts of pure ether, to thirteen and one-quarter parts of chloroform. We have administered Dr. Atlee's mixture for him with wonderfully good results. In parturition we have employed pure ether with success, and others have, on equally good authority, used the mixture proposed by the Medico-Chirurgical Society of London, which consists of ether three parts, chloroform two parts, and alcohol one part. In a recent work on anæsthetics* will be found full details of the numerous experiments with the various agents composing the anæsthetic mixtures, also a careful record of every case of death resulting therefrom.

For the dentist, in extraction of teeth, the safest anæsthetic is *nitrous oxide gas*, pure and freshly made, which, with but little effort, produces complete insensibility to pain, and is most rapidly eliminated from the system. In this city, in the eighty thousand operations, no death has ever re-

* "Manual of Artificial Anæsthesia," 2d Ed.

sulted from it, and even where cases of death have been stated to have been caused by it in other cities proof has been wanting in some important matter, and our investigations with the various tests, on ourselves and others, and with the ophthalmoscope, microscope and spectroscope, has fully proven that in the ordinary doses in which it is employed it is absolutely safe, that is, as far as the word can be applied to an anæsthetic. For all operations in surgery, both for the general surgeon and dentist, at the house of the patient or in the private office, nothing has yielded such satisfactory results as *hydrobomic ether*. This, said the Doctor, was my own opinion, expressed in my work when I wrote my conclusions, in June 1879, and this opinion has been confirmed by its still more extended use in one hundred and sixty cases, in all kinds of operations. These facts have been proven, not only by myself but by surgeons in New York, Philadelphia, and in the West. Its odor is so agreeable, and it produces on the throat and upper parts of the pharynx such an anæsthetic effect, that operations can be performed upon these parts with ease and safety. It will not easily ignite and Professor Litch will show you by this specimen that it will even put out the light of this lamp, or that of a match.

I will relate only one or two instances of the many in which I have used the hydrobromic ether in the removal of hypertrophied tonsils, fibrous polyps, etc., without cough or irritation.

(Case 9, page 75, "Artificial Anæsthesia," second edition.) A child, three years old, and perfectly healthy, had lacerated the soft palate by running into it a pointed piece of wood. Two sprinklings of hydrobromic ether on a napkin sufficiently relaxed the patient, and produced such temporary anæsthesia as to permit touching the cornea without movement, and a thorough examination and stitching of the wound, with full and free examination of the fauces.

Also Case 3, page 73, where, with three drachms, a patient was etherized with the hydrobromic in less than three minutes, and a painful tooth extracted, the antrim perforated, and the cavity freed from pus. The recovery was prompt, with entire relief to the parts, which could be touched with impunity, while before the use of the agent they were so sensitive as to cause pain on the slightest touch.

Experiments with Hydrobromic Ether prior to my first use of it.—The late Dr. Thomas Nunneley,* of Leeds, made five experiments on animals, with hydrobromic ether, in 1849, taking two dogs and three cats; one of the latter died; they were all placed in large jars and atmospheric air excluded. "A full-sized terrier dog was put into a four-gallon jar, with one drachm of 'bromic ether.' The last cat which was operated on was put into a six hundred cubic inch jar, in which there was one drachm of bromic ether. He absolutely did not move a muscle, but gradually sank down, head foremost, to the bottom of the jar, and in one minute he was perfectly insensible. The respiration became laborious, then slower, and in fifteen minutes it altogether ceased. In twenty-five minutes he was removed from the jar, which still smelled very strong of the ether.

"Post-mortem examination immediately. Muscles quite flaccid. On dividing the phrenic nerves the diaphragm moved slightly. Chest: lungs crimson in color, and much collapsed; pulmonary veins very full; bronchial membranes pale and dry; heart, both auricle and ventricle, on the right side, as full as possible; the venæ cavæ also excessively distended; the left auricle also very much distended, but the ventricle was firmly contracted and empty; the proper vessels of the heart were not much filled; the blood was alike dark on both sides. Head: sinuses filled; the pia matter congested, as was the brain, but not in a corresponding degree; its substance was serous, and there was a little fluid in the ventricles."

At p. 325 of the same Transactions there is another short paragraph in reference to the hydrobromic ether, as follows: "The bromide of ethyl is a pleasant, rather fragrant ether, not of a very penetrating smell, is sweetish to the taste, at first rather insipid than not, but afterward it is more pungent. It possesses very considerable anæsthetic power. Its inhalation does not produce irritation, and does not appear to be unpleasant. When used in large quantities, the animals soon recover from a condition of complete insensibility, without any disagreeable symptom; and when, as in the third experimented upon, the cat, in a full dose, without air, the creature sank down, without moving a muscle, merely from its weight, into a state of the most profound anæsthesia, within one minute after being put in the jar. The fact of respiration continuing at all, during fourteen minutes, in such a condition, shows that this fluid is more manageable than some others."

There are no further experiments published until the meeting of the British Medical Association in 1865, when Dr. Nunneley brought the

* Transactions of the Provincial Association. London 1849. See also the article in the MEDICAL AND SURGICAL REPORTER.

subject before the meeting, and stated that he had employed either hydrobromic ether or Dutch oil, chloride of olefiant gas, in all the principal operations at the Leeds General Eye and Ear Infirmary, but he gives no experiments by any one else who had tried it. There has been no other mention made of it, and it seems to have died a natural death, until revived in 1876–7, by the French, but they only made experiments on the lower animals, and like myself, were not aware of the English experiments; nor is there any notice taken of them by any British or American writer on materia medica or therapeutics.* When I brought it before the British Medical Association at Cork, in July, 1879, not one of the gentlemen present in the Section on Otology expressed the least knowledge of it, and the specimen that I took with me was very much desired by two of their number, to experiment with. I also brought it to the attention of the Medical Congress at Amsterdam, and there reported one hundred cases in which myself or my friends had tested it in operations on man.

Method of Using it.—The hydrobromic ether is best given in a folded starched napkin, so as to cover the face, and outside that a soft pocket handkerchief or second napkin. Twice I have found that unless the first drachm was crowded upon the patient it is apt not to act promptly. This has been a cause of failure in two or three instances, in the hands of able surgeons.

I have met with one or two specimens of hydrobromic ether which, on standing, would become brown, from free bromine, and also some of the specimens had a most disagreeable odor of bromoform, and others of free phosphorus. Another specimen was mixed with ordinary ether, and would explode and burn. One of the greatest advances in its use by the profession was the obtaining of a formula free from the explosive article, phosphorus, and furnished at a moderate cost; the full formula will be found in my work.†

The formula is $C_2 H_5 Br$. (Nunneley had it $C_4 H_5 B$). The boiling point is 105.2 F. Nunnely's not quite 105°. It has a density of 1.419 at 59° F.

Mr. Nunneley states that neither the specific gravity of the liquid or vapor, nor its boiling point, were given in the chemical works which he consulted at that day (1849).

* See Wood's Therapeutics, 3d ed., 1879. The subject is not even noticed, as far as we were able to discover.

† The "Advantages and Accidents of Artificial Anæsthesia," 2d ed., Philadelphia, 1879. I am happy to state that Messrs. Wyeth & Bro., of this city, are now able to supply it in any quantity, at a very moderate cost. Their product is entirely free from any odor, an objection to much of this anæsthetic as prepared by other chemists.

Mr. N. gives no method of preparing it. His description is not quite applicable to the agent which I now employ. "The bromide of ethyl," he states, "is pleasant, rather insipid than not, but afterwards it is more pungent." Our description would be, hydrobromic ether is a pure, colorless, very volatile liquid, which evaporates with great rapidity on bibulous paper, leaving no residue, and a strong ethereal odor, which remains upon the patient's breath long after its use. It has a sweetish and hot taste. Its boiling point is intermediate between those of chloroform and ordinary ether. It is sparingly soluble in water, but mixes with it, and in all proportions with alcohol and ether, hence it is easy of adulteration. To show its true composition, when its vapor is decomposed by passing through a glass tube at a low red heat it is resolved into ethylene and hydrobromic acid gas. With ammonia it yields hydrobromate of ethylamine.

The name that it should receive and retain is hydrobromic ether; this is the title applied to it by Professors Maisch and Stillé and Dr. Green. In their first edition* they were not cognizant of any experiments on man, and in their second edition they only knew of the ten cases which I communicated to the State Medical Society in 1878. It was first made for me in July, 1877, by Professor Joseph P. Remington. Subsequently I reported thirty-five instances in which the hydrobromic ether was used by me, and published them in 1879. See "Artificial Anæsthesia," 2d ed.

But it has been well settled that it is not the first individual who made hydrobromic ether, (the anæsthetic under consideration), or even the one who first used it, who deserves all the credit; it is he who, by the expenditure of time, money and energy, not only makes its introduction a success, but also thoroughly endorses and recommends the same from an extended experience. I consider that this is the case concerning the introduction, and first use in this country by myself, of the new anæsthetic, which already has a certain amount of reputation with the medical profession.

Hydrobromic ether possesses the following properties:—

1. That hydrobromic ether is an anæsthetic which, with care, may be safely administered to man and animals.

2. That hydrobromic ether is more rapid in producing anæsthesia than even chloroform, and is eliminated, by respiration and the kidneys, more rapidly than any other of this class of agents.

* The National Dispensatory, 2d ed., pp. 114, 115.

3. That the heart and respiration are but very slightly affected, unless employed in excessive quantities.

4. Vomiting is more rare than with ether or chloroform.

5. That owing to its odor being more rapidly removed, it can be used with comfort in a private office or the patient's chamber; and as a rule, the odor is more agreeable than that of ordinary ether.

6. Hydrobromic ether not being inflammable, and producing its anæsthetic influence on the muscles of the throat, any operation can be performed on the mouth and throat with satisfaction to the surgeon and comfort to the patient.

7. In vivisections it acts more promptly than ether upon animals, requiring, as a rule, only two minutes to bring a dog under its influence, and is not fatal, like chloroform.

How often was there nausea or vomiting during the use of hydrobromic ether? In one hundred cases there were twelve cases of slight nausea after the operation, and eight cases of vomiting during the operation, but always where the patient had partaken freely of food of a solid character just prior to the use of the anæsthetic.

Asphyxia.—This disagreeable and painful symptom was not noticed in any of the cases.

Fainting.—In no instance was there any evidence of fainting.

Hysterical Excitement.—This was noticed in some six cases, but soon passed away, leaving no bad symptoms.

Prostration.—In four cases was there some prostration, evinced by cold moisture on the hands and face, but of very short duration.

The rapidity with which the patients came under the anæsthetic influence of hydrobromic ether; ten cases in one minute and a half, twenty in two minutes, ten in two minutes and a half, forty in three minutes, ten in four minutes, ten in five minutes.

How long did it take to recover consciousness from the effects of the hydrobromic ether?

In fifty cases from two minutes to two minutes and a half; in thirty cases three minutes; and in twenty cases four and a half to five minutes. Struggling, coughing or gagging, which occurs so frequently during etherization was very rare under the anæsthetic influence of hydrobromic ether. This form of anæsthetic is not apt to produce headache. No giddiness attends the use of hydrobromic ether. Thus concluding the subject, he performed three experiments, viz., first, placing a pigeon under a glass frame of a little over a square foot in size, in which is a sponge saturated with the bromide of ethyl. It was seen that for some minutes the bird was not affected, but at about the *third* minute it seemed to lose the power of locomotion and gradually settled down into a state of quietude for a few seconds, when it appeared to be somewhat nauseated, ejecting a few grains of corn, and then again settling into a quiet sleep. Thus it remained, the air being admitted to it freely, for about two and a half to three minutes, then suddenly flew around the room, entirely recovered. While the bird was in the glass a dog and rabbit were also placed under its influence by inhalation, taking about two minutes for the rabbit, but as the dog succeeded in obtaining a larger amount of air, it took a somewhat longer time. While under the influence there were slight tetanic movements of the extremities, and soon after removing the ether slight stertorous breathing, from which, in the space of three to four minutes the animal had entirely recovered consciousness, although it did not seem to be inclined to move. The rabbit was apparently dead, but had it been taken into fresh air, and antidotal remedies and artificial respiration applied, it might have recovered, but these not being tried, it succumbed. Upon making a post-mortem, the right side of the heart was found engorged with dark venous blood, the left side very much contracted and empty. The lungs were beautifully shown by inflation, and but very slightly congested at their base, not enough to have had any effect in causing death. The kidneys were also very much congested with venous blood. The brain was entirely free from blood, not even the puncta vasculosa being seen, but at the torcular Herophili was found a large drop of the same dark blood.

Communications.

OBSERVATIONS ON DYSENTERY.

BY J. J. CONNER, M.D.,
Of Palmer, Ill.

The frequency of this disease in many portions of the country gives to its study unusual interest to many readers. Passing by its history and general etiology, I come to the disputed point of its

Contagiousness.—Can it be transferred to other persons or not? The fact that the civil population in close proximity to an army with epidemic dysentery is scarcely ever attacked by the disease at the same time, would seem to prove that it cannot. It is admitted now, I believe, by most

of the authorities, that only in the dejections of a dysenteric patient is there any danger of another person being infected, or, as the phrase goes, the dysentery is not "catching," as we say of measles and smallpox.

Diagnosis.—There is not much danger of mistaking dysentery for anything else. About the only disease which simulates it closely enough to be mistaken for it is proctitis, or inflammation of the mucous membrane of the rectum. The history of the case, and above all, the peculiar appearance of the discharges, and the tenderness and puffed condition of the colon, would bar anything else than dysentery, and if in a country where epidemic dysentery is prevalent at the time, there would be still less room for doubting the presence of the disease in question.

Prognosis.—I think that in the majority of cases the prognosis of dysentery is favorable, especially in the sporadic form of the disease. If the exhaustion be not too great, and if the præcordial symptoms are not too well marked, and if the patient does not get to vomiting what is vulgarly termed "coffee grounds," which indicates that most of the alimentary canal is involved, and if singultus does not come on and last too long, I should say that the chances are in favor of recovery.

Prophylaxis.—As we do not know what the miasmatic poison which causes dysentery is, we, of course, cannot antidote it; but we may do something, though, in the way of prevention. If we happen to live in a region where dysentery is raging, we had better get up and leave, and thereby escape the disease. A person who is liable to the affection, or, in other words, predisposed to it, should use the utmost caution as to what he eats, and also keep his bowels in a lax condition, and be moderate in his exercise, so as not to overheat or fatigue himself very much. He should never use the same bed-pan that has been used by a dysenteric patient, nor the same syringe, nor even the same privy. The stools of a dysenteric patient should never be emptied into the common privy of the family, but should be disinfected as soon as evacuated, by chloride of lime, dry earth, solutions of alum, etc., and then carried off and buried.

Treatment.—On this point there appears to be no two agreeing, for we find this man and that one having a set rule or mode of treating this affection which is very unlike his neighbor's. The cardinal principle is to give the patient quietude and ease. How shall we accomplish this? I will say right here, that a great many cases require no treatment at all. Let the patient lie down flat upon his back and keep perfectly quiet, and he will get along first rate without any medicine; at most, a mild, cool, astringent enema, repeated once or twice in half a day, with a good Dover's powder at night, being rigidly careful about what he eats, will be sufficient for a large number of cases we have to deal with in this country.

In mild cases I have found it a good plan to give a cathartic of castor oil, sulphate of magnesia, or some other light purgative, to unload the congested portal system, and then give a good dose of opium, gr.j, binding the bowels for twenty-four hours, repeating the dose once or twice if necessary during the time; the third day give another cathartic, followed again by the opium, and repeated, pro re nata. Or, we may give opium, ¼ of a grain, and calomel, a grain, mixed and repeated every three or four hours, and at bedtime give ten grains of Dover's powder. In moderately severe cases we had better continue this treatment, with the addition of enemas of tannin, catechu, rhatany, columbo, etc., for their direct astringent effect, and for a sedative action, we may use the acetate of lead, emulsions of glycerine, gum arabic and laudanum; iodine and iodide of potassium in equal parts are recommended, also the chlorate of potassium and nitrate of silver. Some authors object to the use of enemas, especially in the grave types, for the reason that the patients do not bear them well, on account of the anus and rectum being so very sensitive to the touch that they cause a great deal of pain in their application, and extra desire to defecate; besides, the disease is often of such extent that the fluid cannot reach but a small portion of it, and consequently, the pain and tenesmus are more than enough to counterbalance the little good they do.

In just such cases as these hot fomentations to the abdomen are well borne, especially hot bags of meal and hops; even the dry hops made hot and applied over the track of the colon give great comfort, often allowing the patient to get some sleep and rest, which he more than anything else stands in need of.

Some recommend in these cases the application to the abdomen of leeches, especially if there are fears of peritonitis setting up. Others think they should be applied to the anus, so as to unload the terribly congested veins of the rectum.

In the worst forms of the disease there is little else to do in the way of treatment than what has already been indicated. We must not forget, though, that we have a patient's life to save, in

our anxiety, as well as a disease to combat. Supporting measures are now to be urgently recommended, and conscientiously carried out. We should insist upon our patient taking concentrated animal broths and fresh meat juice, raw, in connection with wine and quinine. We must also pay attention to the anal region, and keep the secretions well cleaned off, in order that excoriation of the external parts may not occur. Water cushions, perhaps, will be needed, to protect the hips from bedsores. The bed should be kept scrupulously clean, and the room well ventilated and warm.

About this time we are apt to see rise hiccough and strangury of the bladder, both bad symptoms, indicating exhaustion and debility. The diffusible stimulants are here urgently called for, and for the specific treatment of the hiccough the anti-spasmodies will do good, such as musk, camphor, assafœtida, etc. I have used with great benefit chloral, but it is a very powerful agent, and should be used with extreme caution now, as the patient at this time is very much exhausted, and cannot well bear such powerful remedies. For the strangury we may use the nervines, arsenic, nux vomica, and even the cantharides, and above all, we must not put off the use of the catheter too long. Should hepatic abscess occur it may be treated as it ought under other circumstances.

I have so far said nothing of the employment of ipecacuanha in this affection, having never used it only in the form of Dover's powder, being always afraid to give it as some recommend, viz.: to paralyze the stomach with opium in large doses, followed with the remedy in thirty-grain doses every three or four hours.

MECHANICAL TREATMENT OF UTERINE DISPLACEMENTS.

BY J. O. LIMBERMAN, M.D.,

Of Somers, N. Y.

Ten years ago I commenced treating uterine displacements with Smith's, Hodge's, Thomas', and many other varieties of pessaries, and I must confess, after carefully studying the malpositions and adapting the proper pessaries, I was completely disappointed in the results.

My patients did not improve, the uterus was not retained in its normal axis, hence the circulation was impeded, and the organ, thereby, kept engorged with blood. The calibre of the vagina, which had become enlarged, was still kept on the stretch by the shape of the pessary and its points of support, Douglas' cul-de-sac posteriorly, and the symphysis pubis anteriorly.

How are these difficulties to be overcome, and the proper indications met? I have had excellent results in these cases by using Staufer's hard rubber uterine supporter, which consists of a hard rubber cup, perforated with a few openings, through which the secretions may pass, in which the cervix uteri rests, and the organ is elevated and retained in its normal position by a slender stem, which is supported at its base by two elastic tubes attached to a belt around the waist.

Thus, we are supporting the weight of the uterus outside the vagina by a narrow stem which allows the vaginal walls to resume their natural shape and calibre, and also give it perfect rest and allow it to gain its tone and original strength, which it so much needs to support the uterus hereafter, if we expect to cure our patient.

I will select two cases from my note book which may be somewhat interesting.

Mrs. M., aged thirty, mother of one child, five years old. Had a bad getting up, she tells me, after the birth of her child. Thinks it was owing to incompetency of the nurse in allowing her to get up too soon. Has been troubled since then with profuse leucorrhœa, great weight in lower part of pelvis, pain in thighs, difficult and painful micturition, painful menstruation. Upon digital examination, I found the os tincæ resting on the floor of the perineum, and of a soft, velvety touch, which led me to expect ulceration. I then introduced a speculum and found both lips of the os studded with ulcers, the mouth patulous, the neck of the uterus sensitive and somewhat curved, from the weight it had sustained. On introducing a probe very gently, it occasioned bleeding, from ulceration within the cervix. The uterus measured five inches; could see pus pouring out of the mouth of the womb as I introduced the speculum.

I touched the ulcers with a strong solution of tincture of iodine and carbolic acid; also passed a probe covered with cotton wool and saturated with the solution as far as the osteum internum. I then introduced, and elevated the uterus with, one of Staufer's cup-shaped uterine supporters. I then advised my patient to keep quiet, and I would visit her in three days. At my next visit found she had worn the supporter with comfort, and the vomiting which she had suffered from for some time had ceased. Removed and cleansed the supporter, applied iodine to the cervix and replaced the instrument.

It is now three months since my patient commenced wearing the supporter. I called to see

her a few days ago, probed the uterus, and found it now measures three inches. She said she was feeling first-rate, had done a big washing the day before, and had just finished ironing.

Case 2.—Mrs. F., aged forty-three, mother of two children, aged respectively twenty-two and twenty-four. Always enjoyed good health until the past three years. Had an attack of malarial fever, which left her very weak, accompanied with a great deal of backache, irritability of bladder and extreme nervousness.

She being a woman of great will, tells me she has managed to drag around and do her housework till last fall, when she was compelled to seek her bed. When I saw her she had been completely bed-ridden for thirteen weeks, unable to take a step.

I proposed a vaginal examination, and found what I had expected—displacement of the uterus. Her uterus was completely luxated forward, the cervix resting in Douglas' cul-de-sac posteriorly, the fundus resting on and dragging down the bladder anteriorly, which had caused a catarrhal inflammation of the bladder, which had given her intense suffering.

Satisfying myself that there were no adhesions of any amount, I attempted to place the organ in its normal position, but succeeded only partially, on account of the extreme pain she suffered. I then decided to let the supporter which I was about to introduce accomplish the rest, as I believed steady, well regulated pressure on the fundus would give less pain and accomplish the desired object. I therefore introduced one of Staufer's globe-shaped supporters, with short stem, into the anterior cul-de-sac, and attached it by elastic tubes to a belt around the waist. Called in three days, removed the supporter, washed out the vagina, made a digital examination, and found the uterus occupying its normal axis, which it had not done, in all probability, in the last three years. I kept my patient one week longer in bed, then allowed her to get up, walk around the room and sit up, which she has continued to do since; eats well, sleeps well, and declares she is well.

I hope by tabulating these cases I have succeeded in convincing some of my brother practitioners in the country that such cases can be treated, and treated successfully, outside the walls of a city hospital. Staufer's exchange privilege, which allows the physician, if the first instrument should not meet the requirements, to change until he has a perfect fit, without further expense than the original cost, is very advantageous to the physician.

One word more and I have done. I believe it is maintained by some gynecologists of eminence that the uterus cannot be probed through a tubular speculum, hence the great variety of bivalve, trivalve and quadruvalve speculums we have spread before us by our instrument makers. Now this idea is entirely erroneous, as I have demonstrated for myself, and any other practitioner may do the same if he will use one of the thin-shell, hard rubber speculums of Staufer's, slightly tapering and covered with a flesh-colored enameling, which gives a concentrated and true light; by the aid of the smooth-polish conductor a full size is easily introduced, which will facilitate not only bringing the os in view, but also the vaginal portion of the cervical neck. Through one of these speculums I have probed the uterus with the greatest ease.

Hospital Reports.

GOOD SAMARITAN HOSPITAL.

SURGICAL CLINIC BY PROF. W. W. DAWSON,

Of Ohio Medical College.

REPORTED BY A. H. KELCH.

Spina Bifida.

The first case to-day, gentlemen, is one of spina bifida in a child three months old. You all understand what this condition is—a deficiency in the spinal wall, through which the membranes of the cord, the dura mater, and the arachnoid protrude. There is beneath the skin a bag of water, of superabundant arachnoid fluid, ever present. You may evacuate, it but it will be filled again in a few hours.

No satisfactory treatment has every yet been adopted in these cases. Pressure and the ligature have been tried; the suture, clamp, excision and injections have been resorted to, and all of them found next to worthless.

I evacuated this fluid at my office a few days ago, and applied a compress and bandage, and when the child was presented the next day the sac was refilled. I did the same thing again, and put on a stronger bandage, and in twenty-four hours it was again full. Even in my office, while waiting to fix another compress, it became partially distended.

The hydrostatic power of the fluid is very great. Some of you will remember that last winter I attempted to treat a case of this kind by the plaster-of-Paris jacket, but no good was accomplished whatever. The water comes down, lifts up the compress and prevents the union.

I have not seen this child for two or three days, and I am rather astonished, when I undress it, at the appearance of the tumor to-day; it is not more than half as large as it was when I last evacuated it.

In speaking of the different plans of treatment I referred to compression. This is, of course, the first thing which the physician thinks

of—some kind of a mechanical appliance which will close the opening and prevent the protrusion—but success has seldom if ever followed the practice. The late Dr. Brainard, of Chicago, reported a number of cases cured by the injection into the sac of a solution of iodine and iodide of potassium. He was a reliable man, and we must believe him, but if you look for the argument of the treatment you fail to find it. Here is an opening into which my little finger will pass; how could iodine or any other irritating substance close this? I confess I have never been able to see the philosophy of this plan; but as it has been reported successful, and as Velpeau injected the tincture of iodine with somewhat of benefit, I had intended to try the officinal tincture to-day; but as the tumor is smaller than it was three or four days ago, I believe I will for the present merely evacuate it. Is a cure to be reasonably expected? Here is an opening through which my finger will pass, and through this the fluid is constantly escaping, pushing the membranes before it. Of course, if we could close this the child would recover, but here is the fluid coming from above, washing away any plastic matter that may be deposited. The plan has been tried of opening the sac and attempting to stretch the sides across and unite them, but this fails, for the same reason; the water prevents the healing process.

Amputation at the Hip, after Previous Excision of the Head of the Femur—Bloodless.

I excised the head of the femur in this young man, for caries, in the early part of this course. Since then he has lost ground constantly; there has been no successful effort at repair; there has been a constant drain upon his system, through numerous openings. His limb is atrophied, drawn up, and if the sinuses of the hip were closed to-morrow the limb itself would be an incumbrance, a nuisance, simply.

The diseased bone in the limb is a constant source of irritation, and all hope of permanent repair is lost, hence nothing is left but amputation. Of course, I would hesitate to make an ordinary amputation at the hip joint in a person as weak as he is; the shock would be too great; he could not possibly withstand it; but in his present condition I think we can so manage the operation that he will lose little if any blood. We can adjust Esmarch's bandage so as to control the hemorrhage, but I may be compelled to make a long stump, to give perfect security; in this case that will be no objection.

If the elastic tourniquet acts as well to-day as we expect, you will say that no man ought to risk an amputation without its use. Vigorous men have been lost from the shock of an amputation caused by the great loss of blood, and that, too, since Esmarch gave this boon to the world. Now remember, gentlemen, what I say; no man could be justified now in amputating without this security against hemorrhage.

The head of the femur having been removed, I now apply the bandage and then the tourniquet. Upon this bloodless leg I make an incision along the femur, and with a circular sweep divide the muscles down to the bone, and free it from its attachments up to the point where it was originally divided. In thus amputating the limb a bloodless stump is left.

After the removal of the tourniquet some bleeding occurs high up, near the acetabulum, in the region of the ulceration left after the excision of the head; this is controlled by the use of the ligature; with this exception, not a drachm of blood has been lost; really, it is an amputation at the hip joint without hemorrhage.

Now, gentlemen, you all realize the advantage of this bandage; you see how slowly and deliberately we can work; you are not in the hurry you would otherwise be, to avoid the hemorrhage; you enter upon it as you enter upon any operation in which liability to hemorrhage is not a dangerous factor.

The question is always asked, of course, how do you find the blood vessels if you do not allow them to bleed? The tourniquet renders them prominent; they seem to stand out more in relief than the other tissues; they have more stamina about them than the fat or the muscles, or the cellular tissue, and by virtue of their prominence they are easily recognized.

You see I am careful to tie every twig that is liable to give any hemorrhage, and when the tourniquet is withdrawn, if there is nothing left but a little oozing, I shall close the stump at once. This patient could poorly have borne the loss of blood; a small quantity would have turned the scales against him. The loss of an ounce has often proved fatal when vitality was at a low ebb.

In cases like this, of course, union at first intention is not to be expected throughout the whole flap; much tissue has been lost at the seat of the excision and here the repair will be made by granulation.

I doubt if you will ever see a more beautiful illustration of the value of Esmarch's bandage than that presented in this case, although we have had some troublesome hemorrhage from the broken and diseased vessels in the region of the original operation.

The previous excision of the head of the femur gave me some advantage, but I believe it will be possible to so arrange the elastic tourniquet as to render the ordinary amputation at the hip a bloodless, and hence a comparatively safe, amputation.

Urethral Calculi—Rupture of Urethra.

The next case, gentlemen, I present to you is one of rather indefinite history, but of great interest. This man, aged about 55 years, came from forty miles up the country, to the hospital, last night, with urethral obstruction, calculi; two or three of them, in the urethra in front of the scrotum. He says they have been there several days. They arrested the flow of urine; rupture finally occurred, infiltration followed, and an abscess developed in the perineum, through which the urine escaped and is still escaping, it being the only outlet. The scrotum is large and highly inflamed; I find hard bodies in the urethra in front of the scrotum, closing the urethra completely. Can you imagine a man in a worse condition for suffering, the way for the passage of the urine being completely plugged.

I remarked a moment ago that he has an in-

definite history. He says that five years ago an operation was performed, but what operation, or for what performed, I cannot determine. Since that time small calculi have occasionally been discharged by the penis, attended generally with great pain, sometimes, however, attended by but little suffering.

We will now put him under ether, and see first what is the condition of the urethra, and, if possible, of the bladder. What is your duty in these cases? Make a thorough, and if possible, a correct diagnosis. After examining the urethra, go on and investigate the bladder.

This man must have had these stones in the bladder, floating there, for an indefinite time, and finally getting into the urethra and working their way along toward the meatus, lodged in front of the scrotum. You see in this case the necessity of examining thoroughly. Whenever a man comes to you complaining of a disagreeable sensation in the urethra or bladder, do not give him a placebo and send him away; do not give him some remedy to increase the urine, such as spts. nitre, etc. Examine him; see whether he has stone in the urethra or in the bladder; see whether he has stricture, or cystitis, or prostatitis; determine definitely such questions. If you follow such practice you will be more competent as physicians and more worthy of the title you bear. Never allow an ambiguous case, if you can avoid it, to remain so. I said to you, one day, when talking about "Pott's Disease" and "Hip Joint Disease," strip the individual and look at him from head to foot." So in these bladder cases, cases of urinary trouble, go in with your sound and see what is the trouble.

Some years ago I had a case that was instructive in this respect. The advice I received from the physicians who sent the patient to me kept me upon the urethra and prostatic gland and the idea of stone did not enter my head. I examined the urethra, and found it sensitive, but he did not have stricture. I got the idea that that was the question which I was to settle. I did settle it, and I was about to abandon the prosecution of the diagnosis, when he called my attention to another symptom which arrested my attention and fixed the nature of his ailment. He said that he had had for months, occasionally, a severe pain in the head of his penis. This being so characteristic of stone in the bladder, I immediately prosecuted my inquiries and soon struck a calculus. He had never mentioned this to any physician, and it seems strange that it could have been overlooked, but it was, by the patient in giving his history—a very intelligent man, by the way—by the physicians who had prescribed for him, and I had failed to elicit it in my examination. I can only account for this from the fact that the urethral symptoms were so prominent that they obscured all others. It furnished me a lesson that I will not soon forget, and I give it to you as one that may be of great value. Make your diagnosis, as I said, thorough, and if possible, conclusive.

This man tells me that he has not passed any water *via naturalis* since last Thursday night, now nearly seven days. Three nights ago the abscess burst, and through it escaped the long pent-up urine. There are now two or three openings through which it, with pus, is escaping.

I cut down upon the hard bodies in the urethra and find three or four calculi—phosphatic. They are so imbedded in the penis, so covered over by plastic matter, that I am compelled to literally dissect them out. All of them, except one, are very rough and angular. After the removal of these obstructions I attempt to pass a small catheter into the bladder, and I find that the swelling and infiltration have so encroached upon the urethra as to almost obliterate it.

When the inflammation has subsided, then an operation for the relief of the stricture may be made. Strictures must become chronic before they can be operated upon with safety or promise.

False Anchylosis of the Hip Joint—The "Bone Setter's" Case.

This man, a blacksmith, thirty-five years old, eighteen weeks ago was struck by a horse and thrown down upon a pile of boards. He got up disabled, lame in the hip, and he has remained so ever since. The hip joint is immobile and very tender. When I put him upon the table and measure, you will find but little difference in the length of the limbs. When the limbs are flexed upon the body the knee of the injured side sinks a little below that of the uninjured, but hardly sufficient to decide that the head of the bone is in the ischiatic notch. If this be not dislocation, the bone evidently not having been fractured, what is it that keeps up the lameness in this man? It is a low form of inflammation of the hip joint; he goes from morning till night without moving the hip, and the joint is perishing from want of use. Motion to a joint constitutes its natural stimulus; it is as essential to the healthy condition of the joint as light is to the eye.

This is an instructive case; it is one of the kind often treated by "bone setters" successfully. You will hear that Dr. ——, "the natural bone setter," had "set" a joint, and put the individual on his feet, and that he walked. These are simply cases of false anchylosis, from contusion and too long disuse. The "bone setter," placing his patient upon a table, and then diverting his attention, suddenly flexes, extends and rotates the limb, and bids him walk; he often does so. Nature cannot tolerate disease. A joint that has been kept quiet after a comparatively slight injury becomes tender by too prolonged rest. Inflammation seldom follows the manipulations made to break up the adventitious bands that are often formed around joints with abridged motion; in fact, the tenderness disappears, and this disappearance of tenderness is often very striking. The "bone setter" has learned this; he breaks up the adhesions fearlessly, and advises his patient to make free and immediate use of the disabled limb. These persons pretend to reduce dislocations; in fact, they call all of the stiffened joints luxations, and accuse those who have been in charge of carelessness, of ignorance, of gross neglect. The attending physician is often sued for malpractice because he did not "set" the limb, did not "put the joint back to its place."

To illustrate: the "bone setter" often finds a carpal bone out of place; a little pressure is

made, the wrist is flexed and the disability disappears. This practice was well illustrated a few years ago, in a work by Dr. Hood, of London, whose father had rendered a service to one of these "natural bone setters;" this man, at his death, revealed "the secret." It consisted in suddenly restoring to the partially fixed joint its function. Thus we often, from the unlearned, derive practical and valuable lessons.

Two Cases of Double Equino-varus.

The boy, 11 years old, with equino-varus of both feet, was presented to you a few weeks ago. Previous to entering the hospital he had been walking, running, playing, as other boys, but upon the sides of his feet. The deformity is very great, the external malleoli almost touch the ground, and the plantar surfaces look toward each other; the bones are as much at fault as the muscles.

In one foot I have resorted to tenotomy; in the other I am trying to see what I can do by manipulation alone. Thus we will be able to compare the two methods, manipulation and tenotomy.

In the newly-born babe, when the muscles are divided, it matters not what the deformity, the foot can be brought into position. But not so in this boy, 11 years old; the bones resist me, and they can only be overcome, brought into normal condition again, by long continued effort.

I believe in the rapid treatment when it is possible; to reduce the foot, as soon as the muscles are divided, to its proper form, and to keep it there by an apparatus sufficient for the purpose. In the very young, adhesive straps will be sufficient; in the more advanced in age appliances well fitted and of positive strength can only be relied upon.

The second case is a remarkable one. You see this little boy running over the area, but he walks upon the sides of his feet, He is three years old and well developed. The case is a duplicate of the first, but more marked in all its features: both feet are involved; equino-varus intensified. You see his toes point backward, and the heels do not touch the surface, by more than an inch. Here, although the patient is but three years old, the bones firmly resist, and now, after dividing the tendo-Achilles, the two tibial muscles and the flexor longus, it is impossible to either bring the foot down, so that the whole of the plantar surface touches the floor, or to completely overcome the inversion. In these feet, as in those of the other patient, it will require time and intelligent manipulation to overcome the deformities so that retaining appliances may be resorted to with advantage.

What a triumph it will be, however, to send these children, this boy and this child, home, no longer fearful cripples, but fairly and firmly erect, with good use of the feet.

The kind of apparatus must be determined by the case. In some it is only necessary to restrain the foot; in others, the limb too, and sometimes above the knee, must be supported.

In the child the limbs are rotated at the knee, hence the feet are thrown so far inward and backward that a peculiar instrument will become necessary, an instrument that will overcome both the rotation and the inversion.

The paralyzed condition of the opposing muscles must not be lost sight of during the mechanical treatment. They have been so stretched, so elongated, that their contractile powers are well spent; relieved of this by the feet being righted, electricity, rubbing, spanking, etc., may be applied with advantage.

Medical Societies.

ACADEMY OF NATURAL SCIENCES.

BIOLOGICAL AND MICROSCOPICAL SECTION.

At the last meeting of the Biological and Microscopical Section of the Academy, Dr. Carl Seiler continued his observations on methods of microscopic work (see Reporter, current volume, page 130). The various substances in use for preserving objects prepared for microscopic examination were considered, and the results of the Doctor's rich experience were given at length. The advantages and disadvantages of balsam and glycerine, respectively, were considered, and the statement made that for some things the one answered, while the other would be utterly useless, and *vice versa*. In some cases, such as embryonic tissues, the delicate processes of certain cell structures could not be seen except by being mounted for examination in glycerine, but that substance, it was found, would not preserve them indefinitely, so that balsam had to be resorted to as a permanent preservative medium. The best modes of preparing balsam were also considered, and it was said by the speaker that most of the balsam sold in the shops was defective in quality, so that it was necessary to prepare the crude balsam by heating it, so as to free it, by evaporation, from certain deleterious substances which are always mixed with it, and then to dissolve it in absolutely pure benzine, an article which, again, was difficult to obtain in a state of purity, although the speaker had succeeded in finding a dealer who supplied an article which was all that could be desired.

Various ingenious devices were described for facilitating the process of mounting thin and delicate sections of large objects by means of floating them out on to paper, from which they could be turned over upon the cover glass, which was to be used in finally mounting them for permanent preservation. A peculiarly-shaped forceps was also described, by means of which the operator was enabled to pick up a cover glass and reverse it, place the specimens upon it and put the mounting medium over it, so as greatly to expedite and lighten the labor of preparing large series of specimens. The mode of fastening or securing cover glasses was also described, for which a turn table and a proper kind of cement were needed. A self-centring turn table was named, which enabled the operator to centre every slide. This form of table was provided with a set of peculiarly adjusted cog wheels, by means of which the desired object was quickly and certainly attained. Various cements were described, and the formulæ given for their composition; one, especially, for securing prepara-

tions mounted in glycerine, was considered a great desideratum. Its base was the substance known as "stratena," the formula for the preparation of which was given, and a method described by which it was rendered impenetrable to and insoluble in glycerine.

The methods used by the Doctor for rendering cover glasses and slides chemically clean for mounting purposes were described, while a great number of time- and labor-saving expedients were also mentioned in this connection. For cleaning off the balsam, where this material had run out over the slide and cover and dried, it was recommended to place the slide upon the turn table, and with a few rapid turns the balsam could be very quickly removed with a cloth dipped in a little benzole. The speaker also described the best methods of labeling the mounted preparations so as to avoid confusion and unnecessary annoyance in finding any desired specimen. After a number of questions by the members, the speaker announced that he would continue his remarks at the next meeting of the Section.

Mr. Ryder mentioned that he had recently identified a "communal monad" from New Jersey, which, singularly enough, was first noticed in Bohemia by Professor Stein. This form lives in a fan-shaped structure composed of many tubes, which is built by many generations of individuals, until their common home or phalanstery is capable of accommodating over a hundred individuals. The formidable name of this very minute creature is *Rhipidodendron splendidum*.

Editorial Department.

Periscope.

Treatment of Iritis.

Eugene Smith, M.D., of Detroit, in an article published in the *Michigan Medical News*, says that all forms of iritis require prompt treatment, and the parenchymatous and syphilitic varieties particularly, call for rigorous treatment. Rarely should we abstain from the employment of mercury. Nearly all agree that mercury causes, more quickly than other remedies, the disappearance of the manifestations of syphilitic infection, and all appreciate the danger of temporizing when so delicate an organ as the eye is affected. Experience has demonstrated that this medicine is of all remedies the most efficacious against the excessive formation of cellular elements caused by inflammation, and that which produces most rapidly and easily the absorption of neoplastic formations, consequently it is invaluable in the treatment of the parenchymatous forms of iritis. It matters but little in what form it is administered, but if it disagrees with the stomach when taken internally, it is best given by inunction. Diaphoretics may also be given, and the patient confined to his bed or kept in the house, in a room comfortably darkened, as the continued efforts at contraction to which the iris is subject when the eye remains exposed to the variations of light cannot but have an unfavorable effect on the inflamed tissue.

The use of atropia should be, before all else, rigorously observed, and it is useless if used weaker than four grains to the ounce of water. (Atropia sulph., grs.iv ; aqua, ℥j.) Aside from the rest thus given to the iris, we prevent adhesion of the pupil to the central portion of the lens capsule, and the opacities which are thereby formed, which are more or less detrimental to vision. The atropia paralyzes the intrinsic muscles and prevents their contractions, favors the intraocular circulation, and places the eye in the best possible way for recovery.

It is very rare that adhesions (synechiæ) occur when atropia is used early in the disease, but if exudation has taken place into the pupil, and strong adhesions have formed, as is most likely to be the case, strong solutions, six, or even eight grains to the ounce, should be used. I frequently make use of the powder itself. If we fail in breaking up the adhesions we are certain to have recurrent attacks, which may lead to irido-cyclitis, irido-choroiditis, and loss of the eye ; possibly of both eyes, or necessitates an operation for the relief of the patient. If we succeed in producing some dilatation of the pupil, but do not break up all of the adhesions, we may be successful by using alternately eserine and the atropia.

When a considerable exudation threatens to produce occlusion of the pupil, or when syphilitic tubercles or condylomata develop so largely as to nearly fill the anterior chamber, it may be necessary to excise a portion of the iris (iridectomy). Seldom is it necessary to resort to operation when the case has been promptly and properly treated from the start.

During the entire treatment of iritis, the patient's diet should be carefully watched, as relapses not infrequently occur from some excess. The constitution of the patient should be taken into consideration, and once the first attack has passed, relapses may be prevented by general treatment.

Advantage of the Median over the Lateral Operation in Cases of Encysted Calculi.

James M'Craith, F.R.C.S., Surgeon to the British Seamen's Hospital, at Smyrna, in a communication to the *Lancet*, January 24, 1880, says—

There is a series of cases of so-called encysted calculi, by no means infrequent, and of which I believe I am the first to offer an explanation as to their history, manner of formation, and diagnosis, and to lay down a rule of treatment deduced from

thence. The median operation should be the rule in such cases. A stone escapes from the bladder as the bladder is in a contracted state; the opening forms low down in the neck; the escaped stone lies between the bladder and rectum; generally, or almost always, it can be felt by the finger from the rectum; it may have a button-head or be of an hour-glass shape, the secondary stone lying in the cavity of the bladder, or it may be fixed, only one-third or more being contained in the cyst, as in Dr. Lediard's case. Now, if in such cases you perform the lateral operation, you must manipulate a good deal, as Dr. Lediard says was necessary, in getting hold of the stone, and more particularly in clearing the cyst of calculous particles adhering to its walls; and after having succeeded in this (if you do succeed), you will leave a pouch communicating with the bladder in which urine and blood-clots will lodge, and prevent union, and cause danger to your patient. All these inconveniences, dangers and difficulties you avoid by the median operation. You cut directly into the cyst on the stone, you bring it away; and if, as in Sir A. Cooper's case, the neck and head also come away, you need not cut the bladder at all. You can clear the cyst of adhering particles, of blood-clots, etc., and there remains a free direct passage for escape of urine, blood, or secretions which come away after the operation. If after bringing away the part of the calculus external to the bladder, you see that either a secondary stone or a button-head still remains in the bladder, you have only to enlarge the opening, either on your grooved staff or with a probe-pointed bistoury, and bring the part away as you would do in an ordinary case. The advantages of the median over the lateral operation in these cases are so evident that I conceive it would be idle to discuss the question. In my encysted cases I found no difficulty. But we have still a great deal to learn of the natural history of encysted stones. I have hazarded an opinion that the stone is very much modified in size and shape by the action of the living tissues of the walls of the cavity to which it is adherent. I founded this opinion on the almost perfect similarity of such stones in shape—certainly not the shape they possessed before being lodged—and also in size.

The Use of Faulkner's Spoon in Removing the Degenerated Tissue in Strumous Enlargement of Glands.

In the *Lancet*, January 24th, 1880, we find the following case reported:—

Patient, a young, strumous-looking woman, was brought into the operating theatre. She had been troubled for a considerable time with enlarged glands under the jaw, and a few months before had had some of these removed by operation. Since that time there had been constant discharge from a sinus; and now there could be felt a small, hard tumor, which was no doubt the seat of the irritation. The treatment of such cases as this was formerly, Mr. Lister remarked, very unsatisfactory. The best that could be done for the patient was to give cod-liver oil and careful nursing, and to try by general constitutional means to get the patient into a better state of health; the local condition was not interfered with, and the caseous masses or discharging sinuses were left alone. Now, thanks to Professor Faulkner, we have a better method of treatment. In this case he intended to take one of Faulkner's sharp spoons and scrape out the degenerated gland tissue. He considered that this method was a very great advance in surgery, as it enabled the surgeon to completely remove unhealthy tissue, and so relieve the patient of a constant sore and perpetual and annoying discharge. The spoons used were of different sizes; the smaller ones could be used for scraping out sinuses, the larger ones for deeper cavities; they were between sharp and blunt—not too sharp, so as to cut into the healthy tissues with too great facility; but not so blunt but that they might, if carelessly used, go through an artery or a vein. Mr. Lister then proceeded to remove the degenerated gland mass, first scraping away the superficial, blue, undermined skin, and then scooping out the caseous matter, bit by bit, until the hard lump formed by it had disappeared. The wound was then syringed out with a solution of zinc chloride, a drainage tube inserted, and the parts dressed antiseptically. Patient was under the influence of chloroform during the operation.

Mountain Fever.

John Van Rensselaer Hoff, A.M., M.D., Assistant Surgeon U. S. Army, in an article published in *The American Journal of the Medical Sciences*, January 1880, says:—

1st. The fever of the Rocky Mountain region is a hybrid disease, the prominent features of which are typhoid, the modifying, intermittent; is, in fact, the typho-malarial fever of Woodward.

2d. It appears during or after exposure incident to field service, generally, though not necessarily, in late summer and early autumn, and seems to bear no relation to typhoid infection as now usually accepted by the profession.

3d. At its inception, this disease manifests itself as an intermittent of quotidian, tertian, or other form; this stage is followed (in about two weeks) by the typhoid stage, lasting in the neighborhood of four weeks, in which typical typhoid symptoms may be observed, modified to a greater or less degree by intermittent indications.

4th. The pathological anatomy of the disease is that of typhoid fever.

5th. The treatment should be antiperiodic and antipyretic.

Ergot in the Treatment of Chronic Cystitis.

Joseph W. Thompson, M.D., of Paducah, Ky., in the Nashville *Journal of Medicine and Surgery*, Feb., 1880, reports the following interesting case:—

John F. H., age seventy-one years, has been a great sufferer for several years with cystitis, the result of enlarged prostate. Has been evacuating the bladder for two years with a Nelaton's soft catheter. Every few weeks he would have severe spells of suffering, with increased difficulty in introducing the catheter. The painful

attacks lasted from three to five days, during which his suffering would be almost unbearable. On the 12th of July last I prescribed twenty drops fl. ext. ergot three times a day. After using the ergot thirty-two days, there was a perceptible improvement. He now had to evacuate but one time each night, whereas, before taking the ergot the demands to evacuate the bladder were very frequent. He was also much more comfortable during the day, and his general health was better. On the thirty-second day I increased the ergot to thirty drops, three times a day, and he has continued to take it up to this time. It is true that he is not well, yet, compared with his condition before he began the ergot, he is very comfortable. He has had no severe fit of suffering since he has been taking the ergot, but before he began taking it he was subject to those severe spells every few weeks, lasting from three to five days, as before stated. There was torpor of the lower bowels, with obstinate constipation, and free water injections would produce but slight evacuations. He had been using the ergot but a short time when the bowels became regular, and have continued so.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Malignant Degeneration of a Fibroid Tumor of the Uterus, is the subject of a pamphlet sent us by Drs. Albert N. Blodgett and Clifton E. Wing, of Boston.

——An interesting reprint is a pamphlet on Posture in the Treatment of Intestinal Colic and Ileus; with a Consideration of the Pathology of Spasmodic Colic, by Frank H. Hamilton, M.D.

——Color Blindness and Defective Sight among Railroad Employés, is the title of a little pamphlet containing, among other matters, a letter on the subject from Dr. Fritly, of Holmgreen, of Upsala, Sweden.

——From the twelfth annual report of the board of managers of the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases we learn that 269 new cases were treated during the year 1879.

——The *North American Review*, for March, has a series of excellent papers on political and religious subjects chiefly. Its contributors are among our most able writers, and the influence of the review is constantly increasing.

——We have just received the report of the Eye and Ear Department of the Philadelphia Dispensary for the year ending Nov. 30, 1879. During the year 2319 eye patients, 1577 ear patients, and 91 throat patients had been treated, and 199 operations for cataract, 140 for iridectomy, and 161 for strabismus, had been performed.

——A little work entitled "Hygiene and Education of Infants; or How to Take Care of Babies," 18mo, paper, price 25 cts., pp. 72, is a translation of a paper edited and published by the Société Française D'Hygiène, of Paris. It tells the young mother what is necessary to know concerning the minute details of the baby's life: how to clothe it, how to feed it, how to wean it, etc., etc., etc., and, by its lucid explanations, will relieve her of the many anxieties which, to the inexperienced, wait on every moment of the baby's young life. Robert Clarke & Co., Publishers, Cincinnati, O.

——Lippincott's Magazine for March opens with a description of the Lakes of Minnesota, with their healthful and picturesque summer resorts, which are already much frequented by northern tourists, and which, judging from this article and its attractive illustrations, deserve to be better known. There are two other illustrated papers in the number—the IXth chapter of Dr. Oswald's "Summerland Sketches," which treats of Yucatan, and the conclusion of Edward King's account of "Old and New Rouen."

"The American Suez," is the title of an article which will be read with special interest, and there are a number of other readable papers.

BOOK NOTICES.

The Therapeutics of Gynecology and Obstetrics, Comprising the Medical, Dietetic and Hygienic Treatment of Diseases of Women, as set forth by distinguished contemporary specialists. Edited by William B. Atkinson, A.M., M.D., etc. Philadelphia, D. G. Brinton, 115 South 7th street, 1880. 1 vol., 8vo, pp. 365. Price, cloth, $3.00, leather $3.50.

The already great and constantly increasing number of treatises, monographs, and articles on gynecology and obstetrics renders it impossible for any but a determined specialist to keep pace with the suggestions, discoveries, and improvements in this branch, unless he has recourse to some such conspectus or epitome of the field as the one before us; indeed, we may say, to this very one, for nowhere else do we find all the remedial resources and therapeutic suggestions collated and presented as they are here. It is a difficulty with all other works that their writers have favorite plans of treatment, prefer certain remedies and object to others, and thus never fairly and fully state the pros and cons of all; this is natural, and where one writes wholly or

chiefly from the results of his own experience, is unavoidable.

In the present volume, however, the editor designedly omits writing from his personal observation, but endeavors to present with sufficient fullness and entire impartiality the therapeutic methods recommended by the most eminent specialists, and not by them only, but by all writers as well whose suggestions are well supported. The plan of the book is similar to that adopted in Napheys' *Medical Therapeutics* and Napheys' *Surgical Therapeutics*, of which series it is, in fact, a continuation. The therapeutics of a disease is first given, from a number of authors, after which follows a Résumé of Remedies, in which the various drugs and therapeutic measures recommended on good authority are arranged in alphabetical order, and their merits discussed in the light of the best experience.

The volume is divided into two nearly equal parts, the first on Gynecological Therapeutics, the second on Obstetrical Therapeutics. The former is subdivided into three chapters, the first on Diseases of the Ovaries, Disorders of Menstruation, and general diseases; the second on Diseases of the Uterus and its Annexes; the third on Diseases of the Vagina, Urethra and Bladder. Each of these chapters begins with a "Synopsis of Diagnostic Points," indicating briefly the differential diagnosis of the diseases about to be considered. These include all those discussed in gynecological treatises.

Part second, Obstetrical Therapeutics, is also divided into three chapters, one on the "Disorders of Pregnancy," the second on the "Complications, Disorders and Sequelæ of Parturition" and the third on "Diseases of the Mammary Gland and of Lactation."

The first of these chapters discusses in separate sections the hygiene of the puerperal state, abortion and premature labor, the vomiting and nausea of pregnancy, sympathetic nervous disorders, digestive derangements and albuminuria. In the chapter on parturition are sections on anæsthetics in labor, tedious labor, after pains, puerperal hemorrhage, eclampsia, mania, septicæmia, thrombosis, etc., pelvic cellulitis, and similar topics. In the chapter on the mammary glands are included the topics of mammary abscess, tumors, neuralgia, galactorrhea, diseases of the nipples, etc.

The object of the editor has been to present the opinions of a large number of selected recent authorities on the treatment of these various complaints. The thoroughness of the work can best be judged by the three copious indexes which are appended. That of the authors gives not less than four hundred and seventy-two (472) names. All countries are represented, and the effort has been made to indicate accurately the details of the treatment recommended. The precise formulas used are preserved, not, of course, with a purpose of offering them for servile imitation, but to show by definite examples what combinations exactly have been employed.

Transactions of the Vermont Medical Society for the year 1879. pp. 103.

Transactions of the Tenth Annual Session of the Medical Society of Virginia. 1879. pp. 151.

In his address on preventive medicine, the germ theory, and blood poisoning, the president of the Vermont Society, Dr. Bullard, said that preventive medicine, so-called, is based chiefly, though not entirely, upon what is called the germ theory of disease, which he as yet considered to be all *theory*, and he appealed to those who practice over "the green and healthy hills of Vermont" to recall cases of typhoid fever and of diphtheria wherein they were unable to trace them to the particular unsanitary conditions necessary to produce "this imaginary germ," and to state whether they had ever seen the need of antiseptic surgery. Papers were read on septicæmia, by Dr. Bingham; on chronic purulent inflammation of the middle ear, by Dr. Peck; on preventive medicine, by Dr. Upham; and several others.

The president of the Virginia Society, Dr. L. S. Joynes, sought, in an able address, to impress on his hearers the importance of organization and the necessity of co-operation in the furtherance of aims and enterprises from which benefits would accrue both to the profession and the public; he hoped that more practitioners would in the future come forward and add their experience to the common stock of medical knowledge. There are, he said, few men in the profession who could not contribute something of value, and in this work of mutual improvement the city and country physician are under equal obligations. An address was delivered by Dr. Oscar Wiley, on the reflex influence on the physician of the work of healing; reports were read on advances in chemistry, pharmacy, materia medica and therapeutics, by Dr. E. T. Robinson; on advances in obstetrics and diseases of women and children, by Dr. B. Jennings; on advances in the practice of medicine, by Dr. Wm. H. Bramblett; on advances in hygiene and public health, by Dr. S. K. Jackson. Besides these reports, papers were read on various subjects of interest to the profession.

THE

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D. G. BRINTON, M.D., EDITOR.

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DOES VACCINATION PROTECT?

It may not be known to all our readers that there is published in London a monthly journal called *The Vaccination Inquirer*, and that there exists in that city, with branches throughout the kingdom, a society, the object and aim of the journal and society being to encourage opposition to vaccination, either voluntary or compulsory. The grounds of the opposition are, first, that vaccination does not prevent smallpox; secondly, that it injures the patient by introducing poisonous matter into his blood; and thirdly, that it may actually increase smallpox by spreading its virus in the community. The alleged greater prevalence of smallpox in the last century these writers explain, in the first place, by doubting the statistics handed down to us; and in the second place, by attributing it to bad sanitary conditions, and to erroneous treatment of the disease. It is interesting to see how much can be said in favor of a false view, and how plausible a sophistry can be made to appear by a careful avoidance of unanswerable points, by a skillful manipulation of figures, and by doubting what cannot be denied.

If there is any one discovery in medicine which may be said to have been an undoubted boon to humanity, it is the discovery made by Jenner. For all that, it is possible so to manipulate statistics, so to exaggerate certain drawbacks it has had, so to conceal its benefits, that it can be made to appear a positive detriment. The same is done with the laws for restricting prostitution, and it is instructive, so far as these latter are concerned, to note how the same tactics employed against them will make vaccination appear dangerous and destructive.

It is true—and a singular truth—that in England, since vaccination was made compulsory, in the year 1867, smallpox has become more prevalent. But this, so far from being an argument against, is, in fact, one for vaccination. According to an able sanitary officer, Dr. CAMERON, it is due to two principal causes, namely, a deterioration of efficacy in the humanized lymph used, and the undesigned but actual adoption in various instances, for purposes of vaccination, of a lymph which is not vaccine lymph at all, but true smallpox virus. To the combined operation of these causes—the production of a state of things analogous to that which existed when inoculation of smallpox was the rule in that country, and the gradual diminution of protective power in our real safeguard against the disease by means of true vaccination—Dr. CAMERON would assign the exceptional smallpox epidemic of 1870–73, and subsequent undue prevalence of the malady.

It has also been pointed out by Sir THOMAS WATSON, M.D., that in numerous instances what was called "bovine virus" was obtained by inoculating a cow with smallpox virus, and using the lymph from the pustules to charge quills and points. He observes that in this way a prodigious amount of mitigated smallpox must have been unconsciously scattered about and kept up, and the otherwise mysterious vaccination statistics of England become capable of explanation.

We believe that this dangerous error is not yet wholly extinct among the profession of this

country. All are not fully aware that the cow-pox which furnishes genuine bovine virus is wholly distinct from smallpox; that it is in no sense "another form of the disease," as is sometimes said; and that it neither can produce variola nor be produced by it.

Although some of the London medical journals have criticised Dr. CAMERON'S views sharply, there is no doubt of his correctness. Supported as his second proposition is by such an authority as we have quoted, his first one is proved by the unanimous ob ervations of those who have studied the comparative effects of bovine and long humanized lymph on the human subject. It is evident to such that the latter loses power, and does not impress the system so decidedly. That it is wholly free from the possibility of transferring depraved conditions of the blood, is another and most valid argument for its exclusive use.

That smallpox, in spite of its unexplainable frequency, has lost much of its terrors by the modifying effects of vaccination, is a truth not sufficiently emphasized to-day. In fact, one might say that the production of disastrous consequences, in those it did not kill, is one of the almost forgotten facts about smallpox. Even in medical accounts of the disease these consequences are too lightly dismissed. Blindness, carbuncles, loss of hair, loss of nails, enlarged glands, large metastatic abscesses, skin eruptions, pigment spots, ulcers, gangrene, etc., etc., are among the legacies of this disease, to say nothing of the common disfigurement and the risk to life.

This, as well as its native malignancy, is well illustrated in India. One of the Council of Bengal lately referred to the immense, almost incredible, loss of life caused by smallpox, especially among young children, in India (100,000 deaths, in round numbers, occurring yearly, on an average, from this cause, in the Bengal Presidency alone), and to the great physical disabilities, notably disfigurement and blindness, which were apt to be occasioned among those who suffered from the disease, but who escaped its fatal effects. Further, he remarked: "In the figurative language of the east smallpox is called the inevitable bridge which every child has to cross before entering into life, and recovery from the disease is considered second birth. . . . Other diseases are looked upon as accidental, but smallpox is regarded, as indeed it is, almost universal. It touches the keenest of human sensibilities, for there are thousands in this country who, though spared by it from death, still have traces of its violence in the deep marks on the face or the loss of an eye."

These facts prove that its diminished severity in Western Europe and the United States is not owing to the virulence of the disease diminishing with time, but to the influence of some other cause; and we most strenuously maintain that that cause is none other than *vaccination*.

NOTES AND COMMENTS.

Therapeutical Notes.

FORMULÆ FOR CHILBLAINS.

The following formula for Dr. Valentine Mott's Remedy is given in the *Proceedings* of the Medical Society of the County of Kings:—

R.	Beef's gall,	℥ iv
	Ol. terebinth,	℥ iv
	Spts. vini. rect., 90 per cent.	℥ iss
	Tinct. opii,	℥ j. M.

Another formula for the same affection is—

R.	Beef brine,	Oj
	Potassæ nitratis,	℥ ij
	Aquæ ammoniæ,	℥ iij. M.

BATTEY'S FORMULA.

R.	Iodini cryst.,	℥ ss
	Acid. carbol. cryst.,	℥ j M.

Combine the two by gentle heat.

Dr. Bellamy, of Wilmington, N. C., states, in the *North Carolina Medical Journal*, December, 1879, that the above formula has given him more satisfaction in the management of those intractable forms of skin disease characterized by intolerable itching, and more particularly in eczema marginatum, than any other parasiticide.

THE APPLICATION OF COLLODION IN ACUTE RHEUMATISM.

Dr. John W. Reins, of Crescent City, Cal., in a communication to the San Francisco *Western Lancet*, says that where the disease is confined to one joint he is in the habit of using collodion, by applying it freely all over the joint, making four to five coats each day, for two or three days. In September and October he treated two boys,

of thirteen and fifteen years of age, respectively, by that means. In a few days the pain, swelling and tenseness had passed off, and they went to school again, entirely relieved. It is preferable, he thinks, to the plaster-of-paris bandage, as it is not so cumbersome, and may be added to from day to day, as the particular case may justify.

FORMULÆ FOR RINGWORM.

A writer in the *British Medical Journal* gives the formnla for Coster's paste, thus:—

℞. Iodine pigment, ℥ ij
Oil of cade or oil of juniper tar, ℥ j. M.
Fiat embrocatio.

He finds the following formula, however, most effectual:—

℞. Iodine pigment,
Creasote,
Oil of cade, āā ℥ ss. M.

This, he says, in cases of early ringworm, is an effectnal remedy if well brushed into the roots of the hair. The addition of a quantity of iodine makes the preparation more valuable.

THE USE OF ERGOT IN INFLAMMATORY AFFECTIONS.

C. Handfield Jones, M.B., in an article on pneumonia, published in the *British Medical Journal*, November 29, 1879, says—

With regard to ergot, I may mention that, though I have tried it in various inflammatory affections, notably in bronchitis, it has, on the whole, disappointed my expectations. Theoretically, it ought to be a great remedy for inflammation; but practically, it has not often accomplished much.

Adulterated and Unintentionally Poisoned Food.

It is gratifying to announce that the National Board of Trade have offered prizes to the amount of one thousand dollars for essays on the adulteration of food and drink.

The aim of the competition is to obtain the best essay upon the subject of adulteration of food and drink in the United States, together with drafts of suitable State and national laws relating to this subject.

The object to be kept in view in preparing the essay shall be to show: First, What are the usual deleterious adulterations of articles of food or drink in this country; second, the effect of these adulterations on health and on trade; third, the best means of detecting and preventing their recurrence with the least interference with commerce and with the least expense to the community; and fourth, the reasons for the legislation proposed.

Particulars may be obtained by addressing Dr. John S. Billings, U.S.A., Washington, D. C.

We regret that the scope of the essays does not specifically include the unintentional poisoning of food and drinks in the processes of their commercial preparation. A few days ago we noted the poisoning of a whole family in Peoria, Ill., by a dish of canned salmon. Hams cured in a certain manner are said to be poisonous; and many other articles of food are deleterions more through ignorant preparation than adulteration.

The Cinchona Cure for Drunkenness.

A good work is done by Dr. Charles W. Earle, in the Chicago *Medical Journal and Examiner*, February, in showing up the worthlessness of the pretended "cinchona cure" for drunkenness, heralded by a Dr. D'Unger, of Chicago. What his conclusions about it are will be seen from the following extract from his article:—

"I do not say that not a single person to whom this drug has been administered has stopped the use of liquors: but I do say that not one with whom I have come in contact has, and in many cases its use has rekindled an old desire which by resolution and education had been nearly conquered. I do not say that in every case following the administration of this nostrum injury to the patient has come; but I do say that in every case which has fallen under my observation this has been the result."

The Contagiousness of Leprosy.

Dr. Fr. Eklund, of the Royal Navy of Sweden, says, in a monograph recently published at Stockholm, that leprosy is more contagious than syphilis, and that consequently even stricter measures should be taken to prevent its spread, the only means of doing which consists in completely isolating those afflicted for the remainder of life. The author visited Norway during the summer of 1878, and spent several months in the worst afflicted districts and at the five leper asylums, for the purpose of studying the nature of this disease.

Although the author does not positively deny that the disease may occasionally be inherited, yet he believes that its chief mode of propagation is by contagion, in proof of which he adduces the following facts:—

1. In only a small proportion of the cases whose history he was able to learn had leprosy existed in either of the parents or grandparents.

2. In almost every case it was found that the patient had either slept in the same bed, eaten

from the same dish, or made use of the same towel with lepers for a longer period and within from one to eight years prior to the disease showing itself.

3. Among thirty-four lepers he found ten to be parents of thirty-three healthy children, several of whom had reached adult life without developing any symptoms of the disease.

4. The microscope discloses the presence in the blood and in all the secretions of certain specific bacteria which may thus easily be communicated to others.

The author estimates the number of lepers in Norway at the present time to be about 2000; this number he found, from the government statistics, to be constantly decreasing.

The Phosphates in Food.

Prof. Horsford says, in a recent paper, it is a familiar fact that some persons of feeble digestive power prefer embrowned meats and toasted bread, to underdone flesh and plain bread. The difference between them is mainly due to the effects which incipient burning has produced; and one of these effects is the more or less perfect separation of the monobasic and dibasic phosphates from the organic radicals entering into the composition of the tissue. The ashes of wheat, rye, oats, Indian corn and barley, and of seeds in general, contain phosphoric acid chiefly as dibasic phosphate. The form in which it occurs in the ashes of most animal tissues other than bones and teeth is monobasic phosphate. In some of them, as in fish meat, the phosphates are feebly combined. A mere soaking of a piece of codfish in water for a few moments will separate sufficient phosphoric acid in some soluble combination to yield a ready reaction with the usual tests. Fish as an article of diet has been commended, because of the facility with which it may be digested, and because it has been supposed to be especially suited to supply nutriment to cerebral tissue. It has been suggested that the facility with which the phosphates may be disengaged from the complimentary part of the fish tissues is the explanation of both these peculiarities and in some degree of the process of digestion as a whole. The emulsion which results from the action of the gastric juices, like that from the joint action of ferment and mineral acid, like hydrochloric acid in artificial digestion, is to produce an acid phosphate. It is but reasonable to infer that the addition of the acid phosphate to food, or its administration as a medicine, will prove nutritious.

Injurious Effects from Vulcanite Plates.

Samuel Sexton, M.D., in an article published in the *American Journal of the Medical Sciences*, for January, 1880, states that vulcanite plates produce diseases that are more frequently the source of reflex aural disease than any others worn. They have been in use for over twenty years, and their adoption is very general. The constituents of this are caoutchouc, the sulphur required in the vulcanizing process, and vermilion or the sulphide of mercury, used for the color it imparts. The quantity of the latter ingredient is believed to be equal in weight to both the other substances mentioned; accurate knowledge, however, is withheld by the manufacturers. The gradual disintegration of these plates, as they are worn in the mouth, liberates a salt of mercury whose poisonous effects are well known. But besides yielding a poison, they are otherwise injurious to health. Inquiries from dentists elicit the fact that at least one-third of all those who attempt to wear them experience great irritation of the mouth, an irritation that is frequently accompanied by hyper-secretion of the buccal fluid. The sufferer usually lays aside the plate until informed of the necessity of becoming accustomed to its presence by uninterrupted use. Vulcanite is a non-conductor of heat, and the effect of its contact with the highly sensitive tissues of the mouth is to produce hyperæmia and inflammation. Another source of injury is the very close contact of these plates, which is maintained by atmospheric pressure, and may favor the absorption of their substance.

Effects of the Turkish Bath.

The *Archives of Dermatology* for January, 1880, informs us that from a study of the effects of the bath, Dr. Flemming concludes: 1. The temperature of the body and the pulse-rate are markedly raised. 2. The respiration falls at first, but is afterward less influenced. 3. The urine is increased in density, and deprived of a large proportion of its chlorides, while, if anything, an increase in the amount of urea is produced. 4. The principal effect upon the arterial tension seems to be an increase produced by the greater rapidity of the heart's action, combined with the dilated or gorged condition of the capillary circulation.

Hence its most important effect is the stimulation of the emunctory action of the skin. During the bath large quantities of water must be taken. The elevation of the temperature, pulse-rate and blood-pressure point to the necessity of caution in cases where the circulatory system is diseased.

Correspondence.

The Uses of Veratrum Viride.

Ed. Med. and Surg. Reporter:—

I was much pleased with the article of Dr. E. H. Sholl, on this subject, and will add a few words drawn from my own experience.

I do not think the profession yet fully understand its value in traumatic inflammation. In a case which I had, four or five years ago, where a lad of about fourteen years fell on an iron standard, ½ or ¾ of an inch in diameter, and with a rough extremity, penetrating the rectum about five inches, and producing severe laceration, followed with violent inflammation and its attendant febrile movement, I could do nothing locally, or very little to purpose. I was compelled to rely on arterial sedatives and opium. Here veratrum served me well, and with the opium (Squibb's liq. opii comp.) I was able, as with a strong hand, to hold the inflammation in check, and in a few days subdue it entirely.

In acute dysentery of threatening character I have called in the aid of this agent with a prompt and unerring reduction of the inflammation. In one case, where the febrile movement was of a very sthenic character, the patient, by mistake or recklessness, took a poisonous dose of it about twelve hours after I commenced its administration, and after that had not another dysenteric movement, and I feared for a little while would never have any other. Opium, brandy, and dry heat restored her.

I have had several patients take hypermedicinal doses, and get a sudden jugulation (as the French say) of their pneumonia or other inflammation.

In good, honest, acute articular rheumatism—the more severe the better—I regard veratrum as serviceable as in pneumonia. This, with opium and sal Rochelle, will do the work quicker than salicylic acid. Veratrum as a sedative, sal Rochelle as an alkaline element, and opium to subdue pain and restrain over action of the salt, and there we have the thing in a nutshell.

Homer, N. Y. C. Green, M.D.

Ed. Med. and Surg. Reporter:—

I forward you a few lines on the treatment of convulsions in children and lying-in cases, either before or following labor, with hypodermic injections of the tinct. of veratrum viride.

Having used this remedy in a number of cases of convulsions, both in children and lying-in cases, with the most satisfactory results, without going into the causes operating to produce them, I deem it my duty to lay it before the profession, and would recommend its employment, as one of the most speedy and valuable agents, properly administered, which has been brought to the notice of the profession. In every case in which I have employed it, I have no hesitancy in saying that I have obtained the most prompt and gratifying results, relieving the patient in from a half hour to an hour and a half, with no subsequent ill effects. For children, when in such condition, I have usually administered from two to four or six drops, according to age, introducing the remedy either upon the chest or at the insertion of the deltoid; and with puerperal cases, from eight to ten drops, in like situations.

Knowing from my own experience and observation the great anxiety which is often felt, both on the part of the physician and the friends, for immediate relief from such conditions, I unhesitatingly give it as my opinion that the above is one of the best and surest remedies at our command to be administered as above indicated, for when such conditions exist patients are always in a state of unconsciousness, and, consequently, deprived of their ability to swallow.

A. R. Erskine, M.D.

Huntsville, Ala., Feb. 14, 1880.

Blistering in Pneumonia.

Ed. Med. and Surg. Reporter:—

The question of blistering in pneumonia, I see, is being discussed in the columns of The Reporter. It is a subject in which I am much interested, and would like to see thoroughly investigated. If it is of no use, as many eminent members of the profession claim, then let us have that fact established beyond a preadventure. It would, at least, save the physician trouble and the patient a great deal of unnecessary suffering. Taking the number of square yards of denuded, inflamed surface caused by the advocates of the blistering process throughout the country into consideration, I think it will not be denied that it is the cause of more pain, in the abstract, to the square inch than any other agent used by the profession in the treatment of disease. On the other hand, if it is (as its advocates claim), and I, as one of them, firmly believe) a powerful agent in the treatment of pneumonia, it becomes our imperative duty to resist every attempt to bring it into unmerited disrepute, and to take so valuable an accessory out of our hands. Being a blisterist of twenty odd years' standing, I most unhesitatingly record my experience as being in its favor. Indeed, I am astonished that any one should doubt the efficacy of the proceeding. In my opinion, the difficulty in the way of the anti-blisterists (and for that matter, of some who make use of them) arises from a mistaken notion as to the action of a blister. Counter irritation is the only effect they seem willing to accord it, when, in truth, the principal benefit derived from a blister in a bad case of pneumonia depends upon the cantharides taken into the system by absorption, through the medium of the denuded surface. This, in my humble opinion, is the true secret of the blister. I do not propose at this time to discuss the action of cantharides on the system in cases of pneumonia. I simply wish to record this secondary action of the blister as a fact which I have observed and demonstrated in various ways, to my own satisfaction and that of several of my professional brethren in this vicinity. As the old time physician used to regard slight ptyalism, in bad cases of pneumonia, as almost sure salvation for his patient, so I, with cantharides, hail with satisfaction the first symptoms of its constitutional effect, viz., strangury, or at least an approach to it, as a sure sign

that my patient is going to get well. I sincerely hope that this communication may be the means of starting an investigation by persons more competent to elucidate the matter than myself.

Jas. W. Hereford, M.D.,
Mercer's Bottom, W. Va.

Cases of Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

Seeing an article on "Puerperal Convulsions," by Dr. T. A. Pope (Reporter, No. 7, page 137), and having had two cases of the same trouble, I submit them for what they are worth.

Case 1.—I was called at 3 P.M., February 22, 1878, to Mrs. W., aged 17. Patient a primipara. Found the patient in convulsions. Had been attacked suddenly, and the family could not account for it. I first gave chloroform, by inhalation, until the convulsions were checked—they were nearly continual—then I gave a brisk cathartic. On making a digital examination I found the os dilated about as large as a silver dollar. After a time I held up the chloroform and the convulsions returned. I again resorted to the chloroform, and held her perfectly under its influence till the babe was born, labor having progressed naturally, at 11 P.M. After removing the placenta I slowly took away the chloroform and my patient made a good recovery. She was rather plethoric and of a nervo-sanguineous temperament. In this case I neither bled nor gave anything other than the cathartic and chloroform.

Case 2.—Mrs. McL., age 19, a primipara, took her bed January 1, 1880. A midwife was in attendance and she reported to me that labor seemed natural from the beginning, early in the morning, until about noon, when she had a convulsion, and I was immediately summoned. On arriving I found her just recovering from a convulsion, and within five minutes I saw one of the most horrible convulsions I have ever witnessed.

She was a plethoric, full-habited lady, of rather a bilious temperament. I immediately gave chloroform by inhalation, and as soon as possible gave a decided dose of the compound extract of coloeynth and calomel. I found, on examination, the os fully dilated, and in half an hour delivered the child. I kept her as fully as possible under the influence of chloroform until the placenta was delivered, when, she having lost rather severely from flooding, I removed the chloroform. I did not think the convulsions would return after bleeding so freely, and, indeed, told the family as much. After remaining something more than half an hour, I proposed to leave, when I was horrified to see my patient in another convulsion, as terrible as any before. I again resorted to chloroform, and advised them to keep it up until there was no more danger. About nine o'clock at night a woman came, and I sent ten grains each of bromide of potassium and chloral hydrate. She said that the convulsion at nine o'clock was the only one since I left. I learned next day that not one dose of the chloral solution had been given, and the chloroform and cathartic had filled the bill, for nothing else was given.

Some may condemn me for not doing more, yet my patients are both alive and well to-day, with each of the children, and that is a guaranty to me of having done just enough. I may have bled, may have given a thousand and one remedies, but in the first case I did not have time, and in the second case I needed time also.

Montague, Texas. J. E. Stinson, M.D.

Pruritus Ani.

Ed. Med. and Surg. Reporter:—

From time to time I have noticed in the English medical periodicals earnest inquiries as to the best remedy for the above-named affection; and a recent issue of the *British Medical Journal* contained a reply to these, giving a number of prescriptions. One writer proposed a most extraordinary one, if I understood it aright, viz: wearing a plug of cotton wool (raw cotton), applied to the anus, a few shreds being introduced within the external sphincter, to keep the mass in place.

It is not my intention, here, to go fully into the subject of this very troublesome and annoying symptom, with which it is probable that every practitioner of surgery has often had to deal. But among the causes of it there is one which I do not think has been pointed out, or, if noticed, sufficiently dwelt upon. This is the pressure of a small fecal mass against the internal sphincter.

Whether from want of tone in the upper bowel, or from carelessness on the part of the patient, a full evacuation is not obtained, and a sort of supplementary stool comes down and rests against the sphincter muscle.

This form of pruritus is at once relieved by the injection of a small quantity (perhaps f. ℥ ij) of *cool* water, which brings away a few small lumps of fæces.

The other form seems to be analogous to the seemingly causeless itching of the vulva in women, or of the skin generally in old people, or to what Duhring has described under the name of *pruritus hiemalis*. The bowel is thoroughly emptied, the skin is kept scrupulously clean, and yet the itching is such as to require the utmost self-control on the part of the patient to keep from tearing the skin with his nails. I will not occupy time and space with the details of cases; but would only say that I have tried all the usual remedies: powdering the skin, astringents, anodynes, calamine powder, very hot water, which gives relief for a time, ice water, which does the same, at the risk of producing most painful spasm of the perineal muscles. But during last summer I had a case of this kind which baffled all my endeavors, until I used the following prescription:—

℞ Camphoræ.
Chloral hyd., āā ℥ ss
Ung. petrolei, ℥ vij. M.
Sig.—Ointment.

This gave immediate relief, and a few applications only were needed; the itching was permanently allayed.

Repeated experiences with it since that time have so satisfied me of its efficiency, that I venture to suggest it to the readers of your valuable

journal, in the hope that they also may find it a "friend in need." JOHN H. PACKARD, M.D.

1924 *Spruce St., Philadelphia. Feb.* 16, 1880.

Dialysed Iron in Diseases of Women.

ED. MED. AND SURG. REPORTER:—

The following cases seem worth reporting:—

CASE 1.—Subsequent to convalescence from a severe illness of puerperal fever, dysmenorrhœa occurred, attended by painful and protracted menstruation, with loss of appetite and neurasthenia, and tenderness over the region of the spine and ovaries. Ten drops of dialysed iron and one drachm cod-liver oil (Marvin's), three times a day, were prescribed. In the course of three months the patient was relieved.

CASE 2 occurred in the person of a lady of Portsea, England, who had suffered repeated miscarriages, affecting seriously her general health and nervous system. The use of the above prescription in a few weeks produced, as the patient wrote to me, "the most astonishing improvement in her condition." She is now in the enjoyment of her usual health.

CASE 3 was one of dysmenorrhœa, accompanied by subacute inflammation of the cervix uteri, in the person of a youthful, unmarried female. At the monthly period she suffered violent headache, with symptoms of uterine colic and complete prostration. Ten drops of Wyeth's dialysed iron and thirty drops fluid ext. ergot were prescribed every three hours, a day or two previous and during the catamenial discharge, along with hot water douches and absolute rest in the recumbent position. This patient has now no trouble and enjoys robust health. The iron must be reduced in quantity or suspended, whenever headache is produced.

FRED. HORNER, JR., M.D.

Salem, Va., February 7th, 1880.

Chronic Eczema.

ED. MED. AND SURG. REPORTER:—

Having seen no reply to "K. S.," in REPORTER of January 24th, in regard to his "Case of Obstinate Eczema," and being satisfied that the case is still under his professional care, I venture to suggest a continuation of cod-liver oil in half ounce doses, three times daily, for at least six months. Give in addition half-drachm doses of fluid ext. berberis aquifol., three times daily, to which a small quantity of rhamnus purshiana should be added, if there be indigestion of the bowels.

For external use there is nothing better for chronic eczema than the unguent, first suggested many years ago by Professor Watson, I believe:

℞ Tar ointment, ℥j
Calomel, ℈j. M.

to which cosmoline may be added, to dilute the tar, if it be too stimulating. There are no charges for this prescription if "K. S." will report progress through your columns, after using it for six weeks.

J. C. C.

NEWS AND MISCELLANY.

International Sanitary Conference.

The following joint resolution, authorizing the President of the United States to call an International Sanitary Conference, to meet at Washington, District of Columbia, was introduced in the Senate February 2 (S. R. 73), by Hon. I. G. Harris; and on the same day in the House of Representatives (H. R. 195), by Hon. Casey Young, and referred to the Committees on Epidemic Diseases.

Resolved, by the Senate and House of Representatives of the United States of America, in Congress assembled, That the President of the United States is hereby authorized to call an international sanitary conference to meet at Washington, District of Columbia, to which the several powers having jurisdiction of ports likely to be infected with yellow fever shall be invited to send delegates, properly authorized, for the purpose of securing an international system of notification as to the actual sanitary condition of ports and places under the jurisdiction of such powers, and of vessels sailing therefrom.

Habits of Drunkenness Induced by Alcoholic Medication.

A few years ago we requested physicians to report any cases of habits of alcoholism induced by alcoholic medication, which had occurred to them individually. Several mentioned cases *they had heard of*, not one cases he knew. The opinion on this subject we then expressed has been independently confirmed by a committee of physicians in Ottumwa, Iowa, in reply to a communication from the Woman's Temperance Union, asking them to cease exhibiting alcohol.

They write (Dr. J. Williamson, Chairman): "In a practice of twenty-five years and upward we have not met with a single instance of relapse from this cause. You need not be told how prone are men of this class to excuse their weaknesses in one way or another, and what better can they do than to lay their fall to the charge of the doctor? It is an old trick, practiced by tobacco chewers, and others having vicious or nasty habits."

Anti-Vivisectionists.

Mr. Henry Bergh, the well known "philotherian," of New York, is urging at Albany the passage of a bill to abolish vivisection. His argument was intended to show that the mutilation of dumb animals by scientific men was not necessary to the advancement of science, and he cited cases where living dogs had been "cut to pieces" merely to illustrate the palpitation of the heart. From long and close observation of the canine race, he was at times tempted to believe that these animals possessed souls, for he discovered in their intelligence the phenomena which existed in himself. He thought the inevitable consequence of perusing works treating of medical science was astonishment at the conflicting opinions of its disciples. Great discoveries in

medical science, he contended, were not made by vivisection. Harvey, to whom had doubtfully been assigned the discovery of the circulation of the blood, had left on record the fact that it was reflection which led to the discovery.

Diphtheria in Russia and Poland.

The ravages of diphtheria in Russia appear to be increasing rather than diminishing. The disease would seem, indeed, in certain districts, to be obtaining pestilential proportions. The epidemic is now penetrating into Poland, and attacking there especially scholars. Numerous victims have fallen to it in the gymnasium of Chelm. One sanitary detachment formed by the Red Cross Society, for the relief of the diphtheria-stricken districts in Poltava, has left St. Petersburg. It consists of thirty-one sisters and five medical men. Other detachments will follow.

The Dental Colleges.

On the 27th ult., the Pennsylvania College of Dental Surgery held its 27th annual commencement. The degree of D.D.S., was conferred on 57 graduates.

On the same day the Philadelphia Dental College held its commencement. The graduates were 32 in number.

Both the schools are in a flourishing condition, with competent teachers and excellent materials for instruction.

Personal.

Dr. William Strew, of New York City, who was recently removed from his position as medical superintendent of the Insane Asylum on Blackwell's Island, has begun action against James Gordon Bennett, proprietor of the *Herald* and *Telegram*, claiming $50,000 damages. He claims he lost his position through false publications in those papers.

—*Correction.* In Dr. Sams' letter, p. 174, two errors occurred, *apnea* instead of *dyspnœa*, and *then* instead of *thus*.

OBITUARY NOTICES.

—Dr. Thaddeus M. Leavitt, a well known physician of Germantown, Pa., died February 24th, of heart disease. He was only 34 years of age, but had already acquired a wide and enviable reputation.

—Sir Dominic John Corrigan, one of the most eminent of Irish physicians, died at Dublin, February 1st, in the 79th year of his age. He had been a Member of Parliament and a fluent writer.

—Dr. Lemaire, of Paris, who, under the name of phenic acid, first introduced carbolic acid as a therapeutical agent, has just died, aged seventy-four. He was formerly *chef de clinique* of Prof. Bouillaud, who pronounced one of his eloquent orations at the grave.

—Dr. Benjamin H. Catlin died at his residence in Meriden, Ct., last week. He was one of the oldest physicians in the State, for years a member of the American Medical Association, and a former Vice-President of that organization. He was seventy-eight years old. Until within a few months he had attended to his regular practice.

—Dr. Daniel Sheffer died at York Sulphur Springs, Pa., on Monday, the 16th, in his ninety-seventh year. He early obtained an active and successful practice of medicine in his native county, but later turned his attention to politics, and became one of the most energetic and prominent Democrats of York. He served in the Twenty-fifth Congress from September 4th, 1837, to March 4th, 1839. He was a man generally respected in his community, where he did much good in a quiet, unobtrusive way.

QUERIES AND REPLIES.

Tobacco Antidote.

In answer to inquiry of Dr. B. B. L., of Illinois, in regard to antidotes for tobacco, I would say that I have frequently recommended, with results highly satisfactory, the chewing, instead of tobacco, simply gentian root. The taste for the "weed" will subside in from two to three weeks. D. J. SNYDER, M.D.

Scio, O.

—*Economicus, Ind.*—It is doubtful if the most profitable practice in the United States averages $60,000 yearly, say for five or ten years. We do not know of a practice in Philadelphia which averages quite up to $40,000 a year, though several closely approach it.

—*Viator, N. Y.*—The cost of living in London, Paris or Vienna, differs little from that in New York or Philadelphia.

—*I. T. S., of O.*—The influence of the moon on the insane, if verifiable, is probably owing to the light nights increasing their insomnia.

—*Lucile, Pa.*—The American Health Primers sell at 50 cents per volume.

—*Dr. A. S., of Pa.*—Address Dr. Henry Gibbons, San Francisco, Cal.

MARRIAGES.

JUDKINS—ANDERSON.—In Cincinnati, O., at the residence of Mrs. M. W. Latham, No. 107 Broadway, February 10th, 1881, by the Rev. G. H. Kinsolving, Dr. William Judkins and Miss Nellie Anderson.

DEATHS.

BATES.—In New York, on Friday, the 20th inst., Frank H. Bates, Jr., M.D., aged 24 years, son of Major Francis H. Bates, United States Army.

BRANDRETH.—At his residence, Sing Sing, N. Y., February 19th, 1881, of embolism of the heart, Dr. Benjamin Brandreth, aged 72 years.

GROSS.—In Camden, N. J., on the 5th inst., Elam De Forest, twin son of Dr. O. B., and Mrs. Fannie A. Gross, aged 14 months and 20 days.

HARTT.—At his residence, in New York, February 21, 1880, Henry Le Baron Hartt, M.D., aged 38 years.

KIDDER.—In New York, on Thursday, February 19th, 1881, at the residence of his son, Augustus S. Kidder, No. 104 West 34th street, Frederick T. Kidder, M.D., in his 73d year.

LAWRENCE.—In New York, on Monday morning, February 16th, after a brief illness, Madison Lawrence, M.D., son of the late John and Patience Riker Lawrence, in the 77th year of his age.

LAWRENCE.—In this city, on the 21st inst., Mordecai Lawrence, M.D., aged seventy-seven.

THE

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Original Department.

Communications.

ANÆSTHESIA IN LABOR.

BY D. M. BARA, M.D.,
Of Philadelphia.

Read before the Obstetrical Society of Philadelphia.

I am here to-night to plead for "Anæsthesia in Labor." Not only in troublesome instrumental labor, but in all cases where the pains of travail fall upon women.

I offer the following propositions:—

1st. Anæsthetics are *not* used in a fair proportion, in the pains of labor, to their use in ordinary surgical operations.

2d. A proper anæsthesia is *as* directly indicated, and is more safe in its use, to the obstetric patient than to the surgical patient, case for case.

In addition to the arguments in support of the foregoing, I will consider the questions: 1st. What is the danger to the child. 2d. What anæsthetic should be used. 3d. What effects may be expected.

(*a*) Upon the general system of the mother, with cases illustrating.

(*b*) Upon the parts involved in parturition.

In considering the first proposition I am willing to acknowledge the terrible nature of all induced pain; having myself suffered without chloroform, I know how to appreciate it. The knife cutting into the quivering flesh involves all that is terrible, in anticipation as well as in realization, against which nature shrinks, demanding anæsthesia. So also in the presence of suffering from any character of operation, such is the terror inspired that an anæsthetic is invoked, often upon the most trivial occasion, from the pulling of a tooth to the capital operation.

But granting the horrible nature of induced pain, it is of but brief duration; from five minutes to two hours will measure the period of almost every case in which anæsthesia is demanded; the great majority requiring the minimum of time as well as involving the minimun of suffering.

In labor cases, on the contrary, pain continues, with intermissions which seem only to aggravate the coming pain, from two hours, as a minimum, to ten to fifty long, weary hours; a character of pain which Prof. Meigs well says has no other name but agony, and this pain accompanied with suffering which beggars description. In the midst of fasting and sickness, the body must labor; weakness and exhaustion plead in vain for rest; with every muscle of the body exercised to its utmost tension, in mortal terror for very life, as in a treadmill, it must labor. On and on, again and again, as the resistless flowing tide, comes the pain. Such is the terror of this scene that the prophet of old seizes it, there being none greater, to describe a fearful calamity. "For I heard a voice, as of a woman in travail, and the anguish of her that bringeth forth her first child; the voice of the daughter of Zion, that bewaileth herself, that spreadeth forth her hands, saying woe is me now, for my soul is wearied because of murderers."

This is a labor scene the truth of which we all know. Who among us has not heard from suffering woman the despairing cry of Saul, "Kill me, for anguish hath come upon me;" or the more familiar, "I shall die, I shall die, and not live." And yet, while our hearts have been

moved with pity and sympathy, how many of us have failed to give her the comfort of anæsthesia—this greatest gift of God, so especially adapted to her need; this power of God, which alone is able to say to this troubled sea of agony "Peace, be still." I ask, gentlemen, *is it fair*, if anæsthetics be safe in labor, that they be denied here and offered for the pulling of a tooth?

But the saddest side of this scene is yet to be considered. Upon whom does this sad visitation fall? Is it upon the stalwart man, whose heart, and nerve, and muscle and nature are strong to endure this terrible ordeal? who in long years of exposure and training has learned to labor and to suffer? I say, is it the strong and stalwart of our race who are thus called upon to suffer? Oh, no! Not so. If they must suffer, they must have gas. If a leech is to be placed they cry, "Couldn't I have a little ether?" If it were they, indeed, there were no need for this paper; public opinion, so potent in making presidents and in moving our thoughtful (?) legislators, would long ago have moved the profession to see the propriety of "Anæsthesia in labor." On the contrary, it is the weak, delicate woman; the daughter; perhaps, a young creature, whom a kind providence has shielded from sun and wind, whose delicate fingers have been taught to lift the music zephyrs from their hiding places—nothing weightier; whose sweet, peaceful life has never known a thought of pain or care. It is this gentle creature, so brave and true that she enters willingly this dread scene of suffering, counting her life not dear for those she loves. She takes the hand of her physician; she believes that she is forewarned; she believes that she is prepared to bear; but is she? Not so. Language never yet has framed the words which could tell the tale. She is prepared to meet death, if need be; but suffering more than death, she cannot die. How often have you and I heard her call for death, pray for death, as the terrible reality forced itself upon her astonished consciousness. She is told it is all natural! God has so ordained it! She can bear it! All women bear it! And so, in her pain and in her exhaustion, as a lamb upon which the dogs are set, she suffers her time. Who says this is right? What father will condemn his child to this? What husband will stand by and see this, when the fact stands patent before us that, with added safety to mother and child, by the scientific use of the means which the God of nature has placed in our hands, she may be led through this terrible ordeal as though but bathed in the waters of the "river of Lethe;" and though all these pains must be submitted to, and all this suffering endured, the consciousness may the while be solaced by sweet sleep, and the visions of dreamland take the place of stern reality.

And now how stands the account between the pains of labor and the induced pains of Art? But this is not all. We have but studied the scene of a natural labor. Now, let trouble come, and the aid of Art be invoked, with all the long list of procedures needful to save life. How shall the woman endure the scene? The forceps, which her imagination has pictured as a far-off horror, now looms into life; a strong man adds all the power of his might to the forces already grinding her to pieces; and the more terrible instruments which shall mutilate her child, that only source of joy which can, for a moment, cause her to forget her anguish. Consider the agony of mind and heart, and compare it with the pains, and pangs, and fears of the most terrible of operations, and how stands the account? But stop; consider; of all the people who inhabit this earth, perhaps not one in a thousand has ever known a pain requiring anæsthesia; and yet, of all creatures born, whether living or dead, whether mature or immature, I may almost say none, not one, has come forth from a living mother, but that, more or less, it was shrouded *with pain* which might have been relieved. Balance now the account, and will not every heart join with me in the conclusion: Let anæsthetics be administered in labor cases, and its benefit compared with its help in all other pains, and the balance in favor of pain and suffering soothed shall be, without measure, in favor of anæsthesia in labor.

In considering the second proposition we have to compare the general condition of the parturient woman with the general condition of the surgical patient, and study the effect of the anæsthetic upon each.

Contrasting these conditions we have—

1st. The surgical patient approaches the operating table in varying stages of *disease*, whereas the obstetric patient approaches her labor in varying stages of *health*. Second, the surgical patient expects to wake from his sleep with a mutilated body, perhaps with loss of members, or at least a lingering suffering. To wake, for him, is, at best, to weep. She, on the contrary, looks upon this sleep as the heaven-sent haven of rest. On the borders of this sleep she lays her burden down—she wakes to receive her reward; she seeks this sleep a suffering woman in travail—she hastens to wake a happy mother, reaping the fruits of her suffering and patience during the

long past months in the fullness of joy, such as a mother only can know. To wake, for her, is to welcome her harvest home.

2d. They come subject to the shock of sudden accident, or worn by lingering disease; the nervous system all unstrung. She in the height of highest vitality; for never is a woman's life more perfect than now; her nerves and muscles all braced for the contest for which nature, foreseeing, has been preparing; not that she is thus strong enough to fight her battle alone, but that she is the *best that she* CAN BE.

3d. If they have a tendency to anæmia of the brain, 'tis greatest now, and chloroform will but intensify the risk. If she have a tendency to anæmia of the brain, 'tis least now, her blood being rich as possible for her, and surging through her brain never so high.

4th. If they have valvular disease of the heart, requiring highest vitality of system to keep in regular action, how is this vigor lessened now, how great is the tendency of chloroform still further to increase the demand. Whereas when she comes into labor with valvular disease, instead of previous exhaustion and debility, her heart is stimulated by her condition, excited by her surrounding circumstances, by every act of preparation, by very hope. Urged to its utmost power by constantly recurring pain, by the violent muscular effort, its danger is from over action, from over exertion, lest its walls or its valves give way. How appropriately here comes in the soothing, sedative influence of the anæsthetic, quieting the excitement, subduing the pain, lulling into gentle slumber; the scene of labor is gone; the woman bides her time in happy unconsciousness; the heart resumes a normal pulsation, safe, under proper care. Even in the uræmic poisonings, with the threatened convulsion, that nightmare of the obstetric condition, let the onset be anticipated, let the nervous irritability be lost in gentle slumber, and the time for spasm may pass unheeded, the signal may never be given.

I appeal to the experience of the profession: does any one know of an instance in which a patient has passed from a state of proper anæsthesia into convulsion. For myself, I never saw it; on the contrary I have seen the threatened spasm abort and never return.

It is the habit of the profession, after the onset of convulsion, to fly to chloroform and the lancet; why should not the earlier use of the former do away with the demand for the latter.

We may deduce from the foregoing that in the ordinary surgical operation the death tendencies are from shock, from anæmia of the brain, and from general and special debility, while we know that the death tendencies of chloroform are exactly upon these same lines. On the contrary, the death tendencies of the parturient condition are from over exertion or consequent reaction, from plethora, from congestion of the brain, from convulsion; the tendencies of chloroform being all antagonized to these same; and as two waves meeting produce a calm, as oil upon troubled waters give peace, so is it with anæsthesia in labor. Nor is this all: while the pains, *per se*, in each case may be equally unbearable, and equally require anæsthesia, the cause and condition of the pain vary absolutely. In the surgical operation we have the flesh incised, the nerves divided; it is a concentrated, localized pain, of great intensity. To subdue the knowledge of this pain requires absolute snoring anæsthesia. On the contrary, in labor there is no sudden division of the continuity of any tissue. This is the pain of horrible cramp. It is the pain of the muscular contraction, the resistance of muscular tissue against inordinate distention. It is the torture of the rack, and such is its fearful power, that in the tearing asunder of the distended parts, as of the perineum, the very laceration brings relief, as though the gates of Paradise had opened to give the weary one rest. And yet under a very light anæsthetic effect, long before the snoring sleep announces profound anæsthesia, the muscles relax, resistance ceases, the parts distend to their utmost capacity, while the consciousness is lost in a dream. It will be remembered by all who administer anæsthetics that the test as to condition for operation is not that the muscles be perfectly relaxed, not that the eyelid may be stretched without making resistance, but that the delicate and sensitive cornea may be touched with the rough finger end without causing a sensation. Such a condition should be unknown in the obstetric chamber.

And further still, as a measure of safety in favor of the obstetric use, let it be remembered, the ordinary surgical patient, under this profound anæsthesia, is always bordering on the verge of death; he has within himself nothing but his own weakened life force to support him; sinking must be met by flagellations, by shock from the battery, by ammonia, by inverting the body that blood may gravitate to the brain; whereas in the parturient patient we have all these substitutes within the citadel, the natural forces then in fullest exercise, acting as a guard against possible accident. The constantly recurring pain serves for

the battery, the ammonia, the flagellation, while the muscular exertion, compressing the lungs, forcing the blood into the brain and holding it there with vigorous effort during the pain, answers in advance for the tilting of the body, so often tardy, in all cases where the anæsthetic is administered with only an approach to proper care.

Certain it is that any woman may be chloroformed to death, as she may be smothered to death by placing a pillow over her mouth and holding it there; but I am thoroughly convinced, and I trust I have shown some good reasons for believing, that far beyond the average of ordinary surgical cases in which they are usually administered, the necessary and proper anæsthetic effect is safe in labor cases. But the question as to the safety of anæsthesia in labor involves, beside the foregoing, the question as to its effect upon the child. If its delicate life be endangered, then falls the entire argument; but gentlemen I have no hesitation in asserting the contrary, for the following reasons:—

It stands upon record, that in one case, before instruments were applied, a woman had inhaled three pints of chloroform, and as a consequence, not only was the babe still-born, but it was so saturated with chloroform that its body was preserved in color, form and feature, during three days, in hot weather, without ice. I mention this case, gentlemen, simply to show you that a woman in the obstetric condition could scarcely be chloroformed to death. If the mother's blood may be so saturated with chloroform that after passing through the placental vessels it shall retain sufficient chloroform so to inject the tissues of the child, and yet the mother live, all argument against its safety to the mother must fall. I only mention this to condemn. I look upon such a practice simply as an experiment as to how much chloroform would be required to kill a child and save ice to its burial, expecting the mother's death as a matter of course. Pure chloroform is always dangerous; three pints at one labor must be deadly. I think the profession will bear me out in the assertion—the babe will be influenced only in a small proportion to the anæsthetic effect upon the mother.

If I may offer my own experience during the last twelve years of almost constant using in my labor cases, I will say I never saw a babe exhibit any marked influence of the anæsthetic, nor have I ever heard an intimation to the contrary by any one present at the birth, although, as a rule, I always call the attention of the friends to the condition of the babe immediately upon its birth, for my own protection against gossiping report. If a mother be smothered to death, I am ready to admit that the babe would suffer; but such is not good practice.

Let us consider the other side: How much chloroform can a babe bear? We have numberless instances of young babies inhaling chloroform. This is acknowledged to be the anæsthetic for babes, and reaction is prompt after having been kept hours under its influence. Among others, Professor Simpson mentions a case in which a babe not one month old was kept continuously under the influence of chloroform during twenty-four hours, with no bad symptoms and absolute control of convulsions, which had resisted all other means. In 1866 I administered to a patient of mine, only ten days old, for an operation by the late Dr. F. F. Maury, without trouble, and prompt recovery. And in 1870 I administered to my own child, a babe of two days old, pure chloroform to perfect anæsthesia, unbroken for forty-eight hours, except to feed with a spoon what nourishment could be drawn from the mother's breast. My nurse sat for thirty-six hours without moving from the chair, or, I believe, her eyes from the face of the child which lay upon her lap. The trouble was a horrible convulsion, resisting all efforts to soothe and relieve. Babe was threatened with immediate death; chloroform was resorted to as a forlorn hope. During this entire period, any attempt to allow an approach to consciousness was followed by a renewed onset of convulsion. Recovery followed without an untoward symptom; and I offer, as my answer to this query, a babe in utero can bear all the influence of chloroform which a mother can impart, herself not being in unwarrantable jeopardy. And I will say further, if a mother can, to a limited extent, impart the anæsthetic effect to her child, in mercy's name, let it be so, and let the child be spared the pain which, unless anæsthetized by the hand of God, it must suffer in coming into this world.

We have now to consider what anæsthetic should be used? And in this study we shall see, from the side of supply, as we have already seen from the side of demand, how wonderfully the indications of the obstetric condition are met by the anæsthetics.

I am accustomed for a number of years past to use a combination of chloroform, ether and alcohol. The peculiarities of chloroform are: 1. It has the power to subdue pain by its effect upon the nervous system, independent of its influence upon the blood, acting as a narcotic. 2. It is by far the most prompt and powerful in its effect.

3. It is the most dangerous after a slight stimulation, often wanting, and a slight nausea, very often absent. The tendeocy to paralyze the nervous system at once is manifest. First the sensory, then the motor nerves, then the functions of life succumb; with it immunity from pain precedes the stertorous sleep; a tendency to induce anæmia of the brain distinguishes it from ether or alcohol, as well as the fact, well established, that it may, without warning, paralyze and arrest the action of heart and lungs. With it the stage of inebriation is slight or wanting. In ether we have almost the opposite of chloroform. In its approach to anæsthesia we have, first, a long stage of inebriation, with nausea and vomiting, and with excited spasmodic—I should say, drunken—efforts, often requiring strong hands to restrain; second, perfect immunity from pain, with ether, exists only in the stertorous sleep, often only after a long and tedious administration; third, the heart and lungs are stimulated, the brain and general system congested; the anæsthetic influence is induced only through the blood, and in the following stages: 1, Inebriation; 2, Stupor; 3, Muscular relaxation; 4, Stertor; and 5, Coma, if pushed too far.

In alcohol we have only two stages, intoxication and reaction—the drunkard's sleep. Now what are the indications of the obstetric condition? First, we have a sudden on-setting pain of great violence; accompanied with this pain, we have a muscular effort involving all the muscles of the body, a straining effort threatening injury to the valves of a diseased heart, or the rupture of the vessels of a delicate lung; we have this effort forcing blood into the brain and holding it there, maintaining a temporary mechanical congestion of the brain; we may, at the same time, have rigid spasms of the os uteri or perineum, cramps of the voluntary muscles or general convulsions. Now, how shall these indications be met? Without controversy, chloroform stands forth as the remedy, its very points of danger being antagonized, to a certain extent, by the obstetric conditions. Does chloroform promptly subdue pain? Here is a sudden on-setting pain! Does it induce anæmia of the brain? Here is an abnormally, though mechanically congested brain. Does it relieve muscular tension and spasm, and cramp and convulsion? Here are muscular spasm and tension perfected, with the most terrible of cramps, and convulsion always possible. Does it tend to depress the action of heart and lung? Here is the action of heart and lung stimulated to highest effort by pain, by excitement, by muscular exertion by nervous irritability. But you say it is dangerous; and I say it is dangerous. Its effects may be in excess of the demand. It may paralyze and arrest the labor. In the absence of pain we want no chloroform; how shall we obtain its benefit without its risk? Now comes ether; evaporating three times more rapidly than chloroform, it brings its first stimulating effect to antagonize the ever possible depressing or enervating effect of chloroform, without in the least retarding the anæsthesia, and its own anæsthetic effect is developed after the force of the chloroform is spent. Its own stage of excitement and nausea is lost in the early anæsthesia of its rival, and its dangerous sequences forestalled; thus we have, if properly combined, a perfect anæsthetic against a labor pain. But in the absence of pain we need no anæsthetic, and should allow only the lightest possible influence; indeed, a pure stimulant is to be desired. Now comes alcohol; less volatile than its fellows, if administered with them it must mainly act after they are gone. Mixing freely with them, it serves to dilute and make more manageable these powerful agents.

I am accustomed to use the following combination, the proportions graded according to the relative strength and nature of the ingredients and the demands of the case, increasing or lessening either ingredient if the peculiarities of any case seem to indicate it, which I find very rare. Combine—

℞.	Ether,	3 parts
	Chloroform,	1 part
	Alcohol,	2 parts.

and we have an anæsthetic admirably calculated to meet the obstetric condition. Of this mixture three drachms is a quantity easily handled. It may be sprinkled at one time on the inhaler, and just as the patient exclaims, "quick, quick, Doctor, here comes a pain," let the inhaler be placed near the mouth, but not against it, so as to at all exclude the air; after two or three rapid inhalations the pain may play itself; our patient is in comfort. The rapidly evaporating ether and chloroform, antagonized upon the dangerous or troublesome points, and at one as to the anæsthesia, have done their work, and are away almost as soon as the pain, leaving the slower alcohol to foster the influence and to guard against injury, as a watchman to lock up after the firm has departed. This effect may be thus intermitted or made continuous, may be lightened or deepened, as indicated.

I have thus far considered anæsthesia in its brute force, as demanded in ordinary operations; but there is another stage of anæsthesia peculiarly adapted to labor cases, in which the lion

becomes a lamb. Writers have written about a stage of anæsthesia, most desirable and safe, in which pain is absent and yet consciousness is not lost, as a condition perfectly adapted to minor operations in surgery, very difficult to obtain as well as maintain. But to most surgeons this stage is a "myth," a "will-o-the-wisp." So far as I have used anæsthetics in ordinary surgery, or seen them used by other surgeons, there are but two stages of anæsthesia, one of inebriation and one of profound sleep, ready for the operation; but in the anæsthesia of labor cases, this rare and beautiful condition referred to not only may be, but should always be looked for. Profound anæsthesia is seldom required, even to subdue the worst pains of labor, and in the absence of pain but the slightest effect is required to continue the dreamy sleep, in which the patient follows in her imagination the direction of the physician; her brain crystallizes every idea into a scene of reality, and thus, in vision clear and vivid, she visits the scenes of her childhood, and lives again the pleasures of a long ago, or sings and revels in the pleasures of to-day, all unconscious of the pain which will at regular intervals break in as a cloud, perhaps changing her tone, arresting her voice, maybe forcing a long, low moan, or a complaint, and then the face is lit again with smiles, the song finished or the journey renewed, all unconscious of the interruption, and she wakes when all is over, remembering every scene of her dream life as a vivid reality, and the pains of her labor, if at all, only as a dream.

She has fulfilled the prophecy which stands to-day, though written centuries ago: "Before she travailed she brought forth, before her pains came she was delivered of a man child."

In illustration of this beautiful effect I will select some examples, which I trust will interest you, and which with one or two exceptions are residents of this city to-day.

Mrs. F., 1871. Taken in labor two weeks premature, in consequence of alarm at the sudden death of an aunt; was so very nervous that I feared for her safety; she had settled in her mind that she would certainly die in this her second confinement. Immediately after the first few inhalations she became tranquil, no sickness, no suffering; she lay upon her bed as though simply resting; no one in the room except myself supposed she was unconscious of her pain, which regularly recurred, and was regularly responded to by the straining effort, dozing slightly in the interval of pain; she replied to every question intelligibly, and appeared in perfect comfort. Labor completed itself naturally; anæsthesia was continued slightly until the close of the third stage, on account of her nervousness, and contrary to my custom; after bandaging, I said aloud: Mrs. F., your babe is born; she replied, in perfect wakefulness, my babe isn't born; how could my babe be born and I have no pain? and then remembering her fears, she exclaimed, How could my babe be born and I not die? She was soon convinced, and rejoiced in her happy relief.

Without material difference in the scenes of labor was Mrs. M., 1876. When I said, Madam, your babe is born, she replied, now, Doctor, you're fooling me. No, Madam, there's your babe at the foot of the bed, covered up. Touching it with her foot, she exclaimed, pshaw, that's Julia.

Also Mrs. F., 1879; hearing her babe cry she exclaimed, petulantly, Now, Viola, you always wake me just as I get into a nice sleep.

Also Mrs. R., September, 1872. Tedious first labor; mother weeping all night over the apparent sufferings of her child. Mrs. R., your babe is born. She replied promptly, Is my babe born? Well, Mother, I never felt one pain.

In all these cases labor progressed and terminated naturally; no vomiting, no drunkenness, no cessation of pains, no stertorous sleep, no instrumental interference, no hemorrhage, indeed, nothing but the regular inhalations, the regular pains, the natural delivery, and the perfect, prompt waking. Mrs. L., 1873, by advice of husband and friends, refused the anæsthetic. I sat by her bedside offering her what comfort I could, while she labored as hard as I ever saw any one labor, from 9 P.M., until 3 A.M., when she became perfectly exhausted, and I said, "Now, Mrs. L., you are very foolish to suffer so when I have perfect comfort for you in my vest pocket." "Well, Doctor, if you're sure it won't hurt me I'll take it." Within five minutes she was at peace; no more pulling, no more treadmill arrangements, no more suffering. Labor advanced rapidly; in an hour her babe was born, and she rejoicing. Three children have since been born to her, all in dreamland. These cases represent the ordinary effect of the anæsthetic; but there is a much finer effect possible with the very dry ether and chloroform of Squibb's manufacture, and I believe only with his can it be perfectly maintained. The condition requires careful administration of the anæsthetic, but will well reward the effort. As examples, I mention Mrs. B., 1872. First labor. Early upon its onset, I administered the anæsthetic. Then I invited her to visit her old home. I described the scenes; she conversed

freely, with apparently perfect confidence, interrupted only with each pain and her straining effort. When all was over, she told, with great delight, of her visit home, describing the scenes upon which we had conversed; she had been with the Doctor to the garden, to pluck roses; she saw the old willow tree at home, waving and waving, and that's the last; her babe was born entirely without a sense of pain or knowledge of the birth.

Mrs. C., 1874, almost immediately after the first inhalation burst out into a beautiful song, and continned singing one after another until her babe, a large boy, first child, was born. Her singing was interrupted only by the onset of each pain, when she would descend rapidly from her high, clear soprano to a low, moaning sound, until the pain had passed, when at once she is off again into an airy glee, all unconscious of the pain. This scene was repeated some two years later, upon the birth of a pair of fine boys, and I expect soon to see it encored, I hope, with a set of triplets.

Also of this character was Mrs. H., 1872, who spent the time singing and conversing, utterly unconscious of pain; her first child. So delightful was the scene that her sister-in-law, who resided in Baltimore, determined to come to Philadelphia for care in her approaching confinement. She came, but circnmstances prevented my being present, and to her great disgust she was obliged to suffer all night under care of a gentleman who thought the pains all natural, and that a woman ought to bear them. Her next child was born under my care, in dreamland.

I will conclude these cases by the relation of two instances in which almost the entire brain was perfectly awake, so as not only to answer my questions, but to propound others; so as not only to grasp my imaginings, but to suggest other new ideas, and by word and gesture illustrate them, indicating by smile and play of features a perfect conception of the *ideal*, yet utterly unconscious of the *real*. I attended Mrs. M., the wife of a prominent minister in Philadelphia, in six labors; with five I had the ordinary effects of the mixture, as detailed. How well I remember my first attendance, her second child; when I said Mrs. M. your babe is born, her delighted cry, "Oh! Doctor, bless you for giving me that." In her last I determined to give her all the pleasure I could, and with Squibb's preparations I administered carefully. Soon she awoke in dreamland. I invited her to go with me to a Sunday-school anniversary; she consented, with pleasure. We went; I described the scenes; she enjoyed it perfectly; interested herself in the speaking, and joined in singing one tune after another as I suggested them. Noticing her look intently, I asked why; she replied, "I can't see them exactly." Why, don't yon see that little girl, with blue eyes and black, curly hair? don't yon see her white dress? "Oh, yes," she replied, smiling, "now I see them," and her babe is born.

The other case went to bed at 10 P.M., second confinement, 1877; had been having pain for some time before my arrival; she was delivered at 6 A.M. During this entire interval she spoke as though perfectly awake. I invited her to take a ride in the Park. She said, "Thank you, Doctor, I would like to." John, bring the horses. Here they are, Mrs C., aren't they beautiful; see that gray, how proud he looks, and that bay, how high he holds his head. "They are beautiful." Step in, Mrs. C. "Thank you, Doctor," and with a movement she is in, and we are off. I described the scenes as we passed, and she certainly saw them all. Upon entering the Park a beautiful "team" attempted to pass us, and we drive, all regardless of park regulations; we keep ahead, of course, much to her delight. We drive by the river and see a boat race; boys in red, boys in blue; and we are off to the "Wissahickon." A catfish supper is ordered for two. Mrs. C. will you take a boat ride while supper is preparing? "Thank you, Doctor." Here is the boat, Mrs. C., step in. "Isn't it dangerous, Doctor?" Oh, no; see, the man will row us; and with a motion she is in, and we boat along, delighted. I remarked how beautifully the branches interlace above us, from the trees on either side; she replied, "and how sweet they look, reflected from the water." Soon, with a waving motion of the hand, she said, "how nice to bathe the hand in the water as we float along." "Mrs. C., I hear the bell, supper must be ready, let us go in." She assents, and we return to find the supper nicely laid, and we proceed to discuss the dainties; Mrs. C. was helped to catfish, to waffles, to chicken, and the etceteras. "Mrs. C., would'nt you be helped to something more?" "No, thank you, Doctor, I have eaten heartily." "Try some of this honey, it is very nice with waffles." "Well, thank you, Doctor, I will try a little." "Can I help you to anything else?" "No, indeed, not anything more." "Shall we drive home?" "I am ready." And we drive home in time to meet the babe, whereupon Mrs. C. is immediately awake to real life, and cannot be convinced that her trip is not real. To-day she

assures me that but for the fact of the impossibility, she could not be convinced that she had not taken that ride, so real it seems. This is the proper anæsthesia of labor, and should always be looked for. This effect and this constant use, more perfect as experience developed its possibilities, I taught my student, Dr. P., who graduated at Bellevue Hospital about 1871, and is now a successful practitioner in New Jersey; also Dr. H., his chum and fellow graduate, a successful practitioner in this city, whose wife I have had the pleasure of taking care of during the birth of two children, under the influence of this mixture; also to my student, Dr. G., a graduate of Jefferson Medical College, Philadelphia, now a successful practitioner in this city. The prejudice of public and professional opinion may have more or less deterred them from using anæsthetics as freely as I do. The pioneer is ever the martyr, and the tendency is very great to attribute every accident to the anæsthetic. I am satisfied this is unfair; but for twelve years I have never refused a single patient this comfort, more or less perfect, except where absolute counter-indications existed on the part of the patient, or surrounding circumstances, without having seen a single misadventure; on the contrary, I have seen patients in the midst of labor, one, at present, comes to my mind, with expression in face and gesture of perfect peace and happiness, turn to her nurse, who was fearful of it, having never seen it given, moving toward her the "smoke-pipe," as she termed the inhaler, "Oh, Nurse, this is happiness; oh, this is comfort; what would I do without this? And I'm not asleep, Nursie; I know all I'm saying." This was her second confinement under my care, and she, though a poor woman, had returned to Philadelphia to be under the same comfort she had with her first babe. This, in greater or less degree, should be the pleasant course of all labors except where the individual case absolutely contraindicates. To this every woman is entitled, and for this she may and of right ought to hold her physician responsible; she may with every propriety claim that if she be able to bear the perils of childbirth alone, in its fury, she is equally able to bear the effects of this light stage of anæsthesia. The time is past when her suffering may be ignored by the learned physician, and every woman should perfectly understand that the old fashioned assurances, your pains are natural! you will not die! this is God's order for you! are simply and absurdly cruel, and should not be submitted to. If God allowed the pains, God sent the anæsthetic. Under the influence of this mixture I have applied forceps, made version, performed craniotomy and controlled threatened convulsions, without ever having seen a single untoward or dangerous symptom.

The influence of this mixture upon the parts directly involved in labor, when parts are normal and labor natural, is simply to accelerate parturition; all the parts yield more readily, and being non-resistant the influence of each pain holds until its successor comes on. The danger of the head being forced through a resistant perineum by the frenzied exertion of the mother in that terrible moment of agony, does not obtain, since the frenzy is not present, neither the agony of the moment; on the contrary, a steady, painless pressure upon the non-resistant tissues induces relaxation and distention by natural law, with a minimum risk of laceration.

I never saw the arrest of labor pain; I believe such never occurs in the proper effect of anæsthesia, the law of which is never to allow a stertorous sleep; the accidental occurrence of a snore being the prompt, urgent signal for withdrawing the anæsthetic. *Arrest of labor means excess of anæsthesia.*

It is further to be especially noted, this stage of anæsthesia offers no obstacle to the use of any medication useful in its absence. Is the labor slow, the os rigid, the perineum resistant, a stimulant, a warm bath, or any other medicament indicated? let one or all be administered. Ask your patient to take a glass of lemonade, and she will swallow any draught with pleasure. I am satisfied every artifice possible will acquire additional force through the anæsthetic influence, and should worse come, and instrumental interference be required, with how much greater safety may such be used for the calm, quiet, non-resistant woman, than for the frightened, pained, shrieking creature, who believes herself dying, and who is suffering more than death.

The depressing or sickening effect of ether or chloroform upon patient or child after labor, is, so far as I have been able to observe, not present, while the exhaustion, the weariness, the soreness resulting usually from a hard labor, is markedly absent.

Summing up, I think I have shown: 1. The claim of the parturient woman for anæsthesia is unequaled by any claim in the wide world.

2. These claims will not have received a fair response until the anæsthetic is as common in the lying-in chamber as upon the operating table.

3. A proper anæsthesia is more directly indicated and more safe in the ordinary obstetric

patient than in the surgical patient, case for case.

4. We have an anæsthetic mixture capable of producing perfect immunity from suffering, without intoxication, without vomiting, without reaction or dangerous sequences.

5. The babe offers no contra-indication, since its safety is not jeopardized.

6. Labor is not hindered, bnt rather hastened by the anæsthetic.

7. Anæsthesia offers no contra-indication for the use of any medication which would be indicated in its absence.

If all these or a majority of these be true, then I believe I have shown a strong moral demand on the part of suffering woman, upon the profession, not only to administer the anæsthetic, but to educate the people up to its sufferance, as in the case of vaccination against smallpox, or quarantine against epidemics.

1902 *Spring Garden Street.*

THE RECENT VITRIOL-THROWING CASE.

BY J. GILBERT YOUNG, M.D.,
Of Philadelphia.

About dusk of Christmas, 1879—as the city papers of the time fully detailed—Mr. George Shepherd, a citizen of Kensington, aged 67, had dashed over him, while standing at his front door, from the hand of an assailing neighbor, the contents of an ordinary shaving mug, perhaps nearly full of what was afterward ascertained to be *oil of vitriol.*

The caustic effects of the acid were mainly expended on the left frontal region, completely over and into the left eye, backward and downward over the left external ear, on the left side of the nose and left cheek, on the clothing over the left shoulder, about the lower attachments of the sterno-cleido-mastoideus, on the left wrist, and a trace into the anterior portion of the mouth.

Blinded, and dazed, and frantic with pain, althongh a messenger was instantly despatched to my office, half a square away, the victim of this atrocious assault, himself, was met by me on the street, hurriedly taken to his home, and there, as quickly as possible, treated.

His face, eyes, mouth and other wounds—as fast as his rotten, pasty-feeling clothes could be removed—were freely washed, first with water, then with a weak solution of sodii bi-carb., and subsequently dressed with cosmoline, which, although various other applications were afterward tried, seemed to favor the healing process best of all, and was persisted in.

When the primary action of the caustic was stayed, the consequent inflammation produced various conditions: The cornea and a portion of the sclerotic of the left eye were almost immediately deprived of conjunctiva, and the anterior surface of the ball generally had the appearance of boiled white of an egg. A rapidly corroding ulcer of the cornea soon evacuted the aqueous humor, the entire cornea sloughed, and the iris was the most anteriorly presenting surface of the ball. Eventually, this pigmentary curtain also disappeared and the abrupt edges of the sclerotic attaching themselves in the neighborhood of the suspensory ligament of the lens, the destructive work, so far as the deeper structures of the eye were concerned, was apparently at an end. This result was perhaps attained about four weeks after the injury was received. Coincident with the ulcer of the cornea, a most provoking, sloughing and perforating ulcer of the upper lid occurred, which, before it was arrested, threatened the complete loss of that organ. Either from a slight entrance of acid or from sympathetic action, the right eye, too, was, for a couple of weeks, the seat of a moderately active conjunctivitis, which required special treatment.

About the left ear the action of the corrosive was so intense that at one time it looked as if the lower half of the auricle would be completely severed from its attachment to the commencement of the auditory canal, and a deeply sloughing lesion in front of the tragus, one night, proceeded so far as to slightly open the temporal vein and cause a hemorrhage, which, before it was stopped, was, considering the low condition of the patient, truly alarming.

A small portion of the acid must also have been received into the mouth, for the tops of several of the front teeth were partially disintegrated, and after several days, a slough, about one inch square, peeled from the point of the tongue, leaving a raw surface; while, to complete our recital of lesions, several burns appeared on the neck and forearm, in the form of narrow grooves of deep ulceration, caused by the trickling of the caustic fluid in these situations.

That, then, an injury so terrible should prove fatal to my elderly patient, from *shock* alone, was believed by most intelligent people who saw the case. Indeed, for so many days did he lie in his darkened room, with a pulse so intermittent and feeble, and with so slight an improvement from day to day, that I myself despaired likewise. Gradually, however, under the almost hourly use of brandy and raw custard, and by the ceaseless administration of quinine and dia-

lysed iron for weeks, the pulse filled and steadied, and the system regained its normal tone, and to-day, eight weeks after his hurt, barring the loss of his left eye, he is, in weight, appetite and appearance, as well as when he ate his Christmas dinner.

As might have been expected, the loss of structure in the upper eyelid, when the cicatrice began contracting, resulted not only in slight *ectropium*, which may yet increase, but also in a considerable *lagophthalmos*, and, owing to general contraction of all parts surrounding the lids, but especially of the orbicularis muscle, the *palpebral fissure* is already shortened one-fourth horizontally.

Without further comment, I may say that the most perplexing question in the treatment of this case, after the patient's constitutional improvement, was, whether it were better, for the sake of reducing probable deformity to a minimum, to allow a threatened *anchyloblepharon* to occur, and thus obliterate the palpebral fissure altogether, or by the frequent separation of the lids with my oiled probe, to, as far as practicable, avoid anchyloblepharon and symblepharon, and thus admit of the future use of an artificial eye. I chose the latter alternative, and, comparing Mr. Shepherd's case with another—by a rare coincidence, in my office at the same time with him, to-day—in which the palpebral fissure had been permitted to close permanently, for natural appearance sake, I would unhesitatingly pronounce in favor of my own patient's good looks.

1000 *Shackamaxon St.*, *Feb.* 18, 1880.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINIC OF PROF. LOUIS A. DUHRING, M.D.

Reported for the Medical and Surgical Reporter.

Tinea Sycosis.

The patient was a middle-aged German, who presented a single patch of disease, the size of a silver half dollar, situated in the bearded portion of the cheek, which had been recently shaved. The eruption was of three weeks' duration; it had begun as a single small lesion, and had gradually spread to its present dimensions. It was composed of an aggregation of small tubercular, pea-sized nodules, of a fleshy character, dark red in color, at some points slightly scaly, and covered with hairs, of which a number were broken off short, not far from the surface. There were no pustules. The eruption was very slightly annoying; the patient complained of a trifling itching sensation. He attributed the origin of the disease to shaving at the hands of a strange barber.

The case, Dr. Duhring said, was a mild one, but was well marked in its essential features. On pulling at the short hairs over the diseased patch they are seen to be loose and easily drawn out of their sacs without carrying the root-sheath. The disease is painless and gives the patient but little discomfort. It is an example of tinea sycosis, commonly known as "barber's itch." Difficulty is sometimes experienced in distinguishing this disease from non-parasitic sycosis, but this need not occur if the characteristic features of the respective affections be borne in mind. In tinea sycosis the process generally involves the deeper tissues of the skin, causing usually induration, with the formation of more or less large, firm papules and tubercles. In sycosis non-parasitica the inflammation is non-acute, the hair follicles are chiefly involved, with the formation of pustules and free suppuration. The pain, itching and burning, in tinea sycosis, are seldom severe, and often, as in the present case, almost entirely absent. The hairs are loose and may be plucked out without pain. In severe sycosis non-parasitica throbbing pain and burning are often most distressing. The hairs, except when free suppuration has taken place about their roots, cannot be extracted without pain.

The treatment in this case shall consist, in the first place, in daily depilation, by the aid of appropriate forceps and subsequently in thorough inunction with the following ointment:—

℞. Hydrarg. sulphatis flav., gr. xv
Adipis, ℥j. M.

The prognosis is favorable. Under appropriate treatment cases recover rapidly, although relapses, which should be guarded against, may take place. The disease, you must remember, is contagious, and due precautions should be taken to prevent its transmission.

Seborrhœa Corporis.

The patient, a middle-aged man, presented an eruption seated upon the chest, and composed of circinate, annular and superficially-seated patches of rather pale-reddish skin, covered with small, light, rather greasy-looking scales, more noticeable about the periphery. The scalp and also the side whiskers were filled with loose and adherent, bran-like, grayish-yellowish, greasy scales. No other portions of the body were affected.

This affection, Dr. Duhring said, although of not infrequent occurrence, is not often seen at this clinic. It usually gives the patient so little annoyance that he is not likely to seek relief from it, and it is ordinarily discovered by accident. Seborrhœa capitis, on the other hand, is of more frequent occurrence at the clinic. The diagnosis of seborrhœa corporis is occasionally difficult, as it may be mistaken either for psoriasis or tinea circinata. From the former, however, we can distinguish it by the history and by its distribution. Our patient tells us the disease has been present for two years, in a very nearly stationary condition, neither better nor worse, showing no inclination to spread, and with the exception of the scalp and beard, not occurring elsewhere over the surface. Were the disease psoriasis we should be apt to find some patches of the disease in other parts of the body, particularly about the

extensor surfaces of the extremities and about the knees and elbows. In addition, the affection would not have remained so long at a stand-still; it would have changed from time to time, for better or worse. When we come to examine the eruption more closely, we observe that the sebaceous glands are the seat of the affection; they are evidently inflamed, and have poured out their secretion in abnormal quantity. The affection, it will be observed, tends to spread on the periphery while it heals in the centre. This may give rise to the mistake of confounding it with tinea circinata; but a microscopic examination of the scales, showing the presence or absence of the characteristic fungus, the tricophyton, would settle the question. In addition, it may be said that tinea circinata spreads with much greater rapidity.

The treatment in seborrhæa corporis must usually be both internal and external. We usually find the subjects of this affection more or less debilitated. This man, as we learn, is under treatment for some thoracic affection. In such cases, tonics, such as cod-liver oil and iron, and arsenic (in small doses), are called for. By way of external treatment, nothing is better than an ointment of sulphur, preferably weak. The following will serve our purpose in the present case:—

℞. Sulphur. precipitati, ℥ss
Adipis, ℥iv. M.

This is to be well rubbed into the affected parts, morning and evening.

Dermatitis from Dye Stuff.

The patient was a workman in a dyeing establishment, his duty being to wring out bundles of yarn as they were drawn from the vats. The eruption was for the most part confined to the hands and forearms, which were somewhat swollen, and of a violaceous red, and covered with scattered pin-head papules, pustules, crusts and scratch marks. The hands were also fissured in the flexures of the fingers, burning and very painful. In the skin of the forearms there was rather more itching and less burning. A patch of inflamed skin could be seen on the left side of the nose and cheek, where the man was accustomed to wipe his nose with his hand. He said he had suffered from the same eruption the previous summer, but it had disappeared upon his leaving his employment. When he began work in the dye works again, a month or two ago, the skin was quite well, but it soon began to show signs of irritation, and had grown steadily worse.

Dr. Duhring remarked that the case was one of typical acute artificial dermatitis. This man presents a simple inflammation of the skin on the forearms and nose, evidently the result of the action of certain acrid substances contained in the dye in which he works. The first step to be taken in the cure of this affection is for the patient to stop his present work. If he cannot do so, the treatment is useless, or at best, only palliative. If he can, the affection will speedily subside under the simplest local treatment. We shall direct the following lotion to be kept applied, by means of cloths:—

℞. Extr. grindeliæ robustæ, f. ℥ij
Aquæ, Oj. M.

(The man returned in a few days, nearly well, having relinquished his work and kept the lotion constantly applied.)

Tubercular Serpiginous Syphiloderm.

The patient had been under treatment in the clinic six or seven years previously, with tubercular syphilitic eruptions about the elbow and leg. He had, however, never attended regularly, and had been entirely lost sight of for several years past.

The affection for which he now presented himself was a serpiginous annular arrangement of tubercular ulcerating lesions, covering a space about twice the size of the palm, upon the anterior surface of the right thigh. There were also several well-developed but painless nodes of large size over the forehead. The patient had been using iodide of potassium and mercury freely for several months, but without benefit.

Dr. Duhring drew attention to the configuration of the eruption, which gives it its name, the serpiginous ulcerating syphiloderm. The lesions incline to heal in the centre, which is here seen to show a cicatricial character, while they spread upon the periphery. This form of syphilis is usually one of the later manifestations of the disease, which, in this instance, dates back nearly ten years in its origin. The serpiginous syphiloderm is ordinarily rebellious to treatment. This man has been taking the usual anti-syphilitics for several months, without avail. These shall now, for the present, be discontinued, and the patient shall be placed upon cod-liver oil and iron, with nourishing diet. When his general health, now somewhat impaired, shall have improved, we shall again resume the especial anti-syphilitic treatment, at first in small doses, expecting more satisfactory results from its influence.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILAD'A.

At the regular meeting of the Society, February, 1880, Dr. D. M. Barr read an article on

Anæsthesia in Labor,

given on page 221. After its reading

Dr. De F. Willard said that the secret of Dr. Barr's success in escaping the unfortunate results which so frequently occur was undoubtedly due to the fact that he had acquired a facility in administration which enabled him to keep his patients just at that blissful point which exists in the early stage of anæsthesia, in which pain is obtunded and yet consciousness is exalted. He had frequently seen this condition of joyous hallucination in chloroform anæsthesia for surgical purposes, and it was a stage in which many minor operations could be performed without pain to the patient. The alcoholic fumes from Dr. Barr's mixture would assist the chloroform in producing such a condition, and the dangers would certainly be far less than if profound sleep were induced.

Remarks and criticisms upon the paper were also made by Drs. Goodell, O'Hara, Prall, Bernardy and others.

Dr. Barr, in closing the discussion, said: I have some words I wish to say, in reply to the comments just made; but first I will state I have attended two ladies since writing this paper; both are in bed. One of the ladies, after the birth of the child, assured me—"Doctor, I never felt a pain, but I knew what you were doing all the time, and all that was going on around me; I fought against the influence, for fear you would use instruments." The other was the most perfect effect of anæsthesia I ever saw. Previous to her confinement, upon making my engagement, I explained the effect I expected; both herself and mother-in-law were much surprised, having never heard of it. They told some neighbors, who laughed at "such an idea;" "either the pains would go on, or the labor would stop." "Well," said the mother-in-law, "in a few weeks I shall have an opportunity to test it." This lady, upon pains becoming very hard, by advice of the nurse, sent for me, at one A.M. I arrived at two. She took the anæsthetic, and after a few inhalations she passed into sleep, in which she followed my leadings perfectly; passed through all the experience of a boat race, drive to Wissahickon, catfish supper, etc., and so perfectly clear was she, that when I asked her to ride she hesitated to accept, I saw at once, from a moral sense of propriety, I being a stranger. I told her, your mother, Mrs. Mason, goes with us, whereupon she consented; when boating, she assured me she was never in a boat before; "is'nt it delightful." When I asked them to supper, "What time is it, Doctor?" "Five o'clock." "Oh! I must go home; husband will be home to supper; he is tired; he has a sore hand." "Oh no," said I, "your mother has arranged to have him here to supper; see! there he is now." "Why yes, there he is; I'm so glad." At supper she took the catfish, but declined the chicken, and also ice cream, which, her mother said, was her custom in ordinary. After coming home I gave her a peach, which she enjoyed greatly. I said, "these peaches are from that basket." "Oh, aren't they beautiful." Letting, now, the effect become light as possible, and seeing a pain come, I said "Mrs. M., please help me move this basket over? "Certainly; oh, it's heavy." "Yes, pull." "Oh! it's very heavy." "Yes, pull hard." Pain subsides. "Now it's over, is'nt it?" "Yes, now it's over, didn't I help you nice?" "You did'nt do much of the lifting, you left all the weight on me, I notice that: with next pain and next basket, "Oh! I can't; oh! it's too heavy; I must go home, my husband wouldn't approve of my staying here, lifting these heavy baskets." It was now 12 M.; labor had been hard all the time, and head detained above the brim. My anæsthetic was becoming scarce; had used nine ounces of the mixture; had but two on hand. The narrow rim and small pelvis obliged me to place the forceps and deliver; had rupture of perineum, which I was obliged to stitch; all this with about two ounces of the mixture. In consequence, she suffered some. Had I been better supplied, she would never have known aught but her dreamings, which to day are perfect in her mind, while even the memory of the forceps and operation are blurred and dim.

There are certainly cases when anæsthetics are contra-indicated, and must not be given, but those cases are the exception, not the rule. The question, Must I give it? should give place to, Must I refuse it?

Dr. Goodell's case should certainly have had the ergot. To blame the anæsthetic when properly indicated medicines were not used is unfair.

In reply to Dr. O'Hara, I would say, while the anæsthetic should be administered with the same care as though chloroform alone was being administered, abundance of air being always allowed, yet the stimulating influence of the ether, preceding the influence of chloroform, does away with the danger of the paralyzing tendency of chloroform, in a marked degree at least, if not entirely.

In regard to the woman who died from a few whiffs of chloroform, I have only the same reply. The assertion stands upon record, from high authority, "Every death from ether involves the probability that if the administration could be again gone over, death would be avoided." I believe this mixture, in the lighter anæsthesia of the lying-in room, to be more safe than ether alone on the operating table.

To Dr. Prall. In regard to fooling the patient, by giving none or too little, when she pleads for it, the doctor will be disappointed if he expects to thus deceive a lady who has ever known its true influence.

Dr. Ludlow gives us no guide as to when we should use or refuse it. I will say, if the doctor refuses it to the majority of his patients, he certainly fails to give them the comfort they have a right to expect at his hands. That alcohol is volatile, and also stimulating, he will certainly prove by entering a cellar where it is kept, or breathing upon an inhaler wet with it.

To Dr. Bernardy I would say, If he uses ether he will get vomiting and drunkenness, with possibly dangerous sequences. If he uses chloroform he may get profound anæsthesia, arresting labor. With this mixture, vomiting and drunkenness on the one hand, in its early influence, profound anæsthesia, with arrest of pain, in the later, as well as increased danger from third stage of labor, may be avoided, I believe, absolutely, except in such possibly rare individual cases where the anæsthetic effect is plainly contra-indicated.

The Pellagra in Italy.

The *Lancet* informs us that ninety-seven thousand Italians are dying of pellagra. About one-half of the provinces of Italy are desolated by this scourge. The number of the victims represents 3.62 per 1000 of the total population of the Peninsula, or 0.21 per 1000 more than the worst cholera epidemic that ever swept over France. If we restrict our consideration to the infected regions only, the proportion becomes still more terrible, and oscillates between a maximum of 11.70 per 1000 in Lombardy, 11.08 per 1000 in Venetia, and a minimum of 0.09 per 1000 in Latium. In France, in the cholera visitation of 1834–35, the proportion in the infected departments only was 10.42 per 1000 of the population for the sick, and 4.73 per 1000 for the dead.

Editorial Department.

Periscope.

The Treatment of Chronic Nasal Catarrh.

In the *American Journal of the Medical Sciences* for January, 1880, we find an article on a new method of treating chronic nasal catarrh, by Harrison Allen, M.D., Professor of Physiology in the University of Pennsylvania, in which the author points out that, in the normal nasal chamber the turbinated bones do not touch the nasal septum, neither do the middle or inferior turbinated bones impinge on each other, or the floor of the nose. Should, however, chronic nasal catarrh be present, the middle turbinated bone is often seen lying close against the septum, or the inferior turbinated bone is found occluding the inferior meatus.

But the mere contact of the anterior portion of the middle turbinated bone against the septum should not be looked upon as of necessity an exciting cause of nasal catarrh. Not infrequently perfectly healthy persons will exhibit such contact over a small surface. But in such instances the contact is often found to be slight—the apposed surfaces barely touching—and a probe can be passed without pain or sense of obstruction. In the contact which has clinical significance we should expect firm pressure of the scroll and septum against one another, and some pain to follow manipulation.

When the point of contact is recognized, the indication for treatment is to destroy it. This is accomplished by means of local remedies applied to the mucous membrane at and about the places of contact, or, in examples of abnormal deflection of the nasal septum, by removal of the offending portions of bone. In the case of the inferior turbinated bone, the swollen and engorged tissues occupying the inferior meatus may be removed by the knife.

To make topical applications to the interior of the nasal chamber, the author employs a simple cotton carrier, closely resembling the instrument in common use by the aurist. It consists of a single tapering rod of soft iron, slightly roughened at the smaller end, for convenience of holding a pledget of absorbent cotton, and fixed in a small wooden handle at the other. A wooden handle is preferable to a metallic one, since the latter is liable to fall out of the nasal chamber from its own weight, if the hand supporting it be removed for but a moment. It may be bent at an angle, and the absorbent cotton can be steeped in any desired substance, and carried to the spot selected through the nasal speculum. The pledget of cotton should be moistened in water and warmed for an instant over the flame of the lamp. Thus prepared, it does not irritate the mucous surfaces more than any other intruding solid substance. After employment of various agents, the author has found the best results from a combination of tannic acid with carbolic acid or iodoform, held in suspense in gelatine. The object of employing gelatine rather than water or spirit, is to enable the medicine to remain for a long time in contact with the affected parts, and, in dissolving, to form a thick fluid which measurably imitates the consistency of the normal secretions of the parts.

The following formulæ are those ordinarily made use of by the author:—

Stiff iodoform preparation, with geranium and carbolic acid:—

℞.	Pure carbolic acid,	grs.v
	Fl. ext. geranium maculatum,	gtt.xv
	Distilled glycerin,	gtt.x
	Powdered iodoform,	ʒ iijss
	French gelatine,	ʒj
	Water,	q.s.

Dissolve the gelatine in a little water, then add the other ingredients, and rub to a smooth paste.

Stiff iodoform preparation without geranium:—

℞.	Pure carbolic acid,	grs.v
	Distilled glycerin,	gtt.x
	Powdered iodoform,	ʒ iijss
	French gelatine,	ʒj
	Water,	q.s.

Dissolve the gelatine in a little water, then add the other ingredients, and rub to a smooth paste.

The Value of Parallelism in the Treatment of Disease and Injuries of the Hip.

The *Lancet* informs us that at the meeting of the Medical Society of London, on the 12th of January, 1880, Mr. Bryant read a paper on the value of Parallelism of the Lower Extremities in the treatment of hip disease and hip injuries, with the best means of maintaining it. The author first pointed out how it was that in most of the deformities of the lower extremity following a natural recovery with a stiff joint, after hip disease or injury, the deformity was due to a want of parallelism of the lower extremities, and then passed on to demonstrate, by means of a simple instrument he had constructed for the purpose, that, as a rule, in such cases the deformity is produced by the *ad*duction of the affected limb. He conclusively demonstrated that when the hip joint is fixed in an *ad*ducted position, and the patient attempts, for walking purposes, to bring the limb vertically downward, the pelvis on the affected side is tilted upward, and on the sound side downward, with the result of increasing the shortening of the affected limb. On the other hand, when the anchylosed limb is *ab*ducted and the foot is brought down for the purposes of progression, the pelvic line on the diseased side is lowered, and the affected limb is merely apparently elongated; apparent lengthening of the diseased limb in hip disease meaning its *ab*duction, and apparent shortening its *ad*duction. Under these circumstances it is clear that only by maintaining parallelism of the two limbs in such cases can deformity be prevented. For this purpose the use of the double splint, which he has had slowly built up under his eye at Guy's, was strongly recommend-

ed, for he maintained (1) that it is far more comfortable to the wearer than any other he had used or seen used; (2) that it most thoroughly immobilizes the limb to which it is applied; (3) it keeps up well-regulated, steady and persistent elastic extension; and (4) maintains absolute parallelism of the lower extremities. In children with acute hip disease, the splint, when well applied, so securely guards against joint movement that the nurse may turn the child over on to the sound side, for purposes of cleanliness, and lift him, for the performance of the natural functions, with freedom and confidence. In cases of fracture of the neck of the femur or shaft, the same principle is applicable and the same splint of value; in proof of which the author stated that thirty consecutive cases of fracture of the neck of the thigh bone, occurring in patients averaging seventy-four years of age, left his wards with useful limbs; and that out of forty consecutive cases of fracture of the shaft of the femur, in only four, or one in ten, was there any important shortening, such as an inch. In twenty of the remainder there was no shortening, and in eighteen there was less than half an inch.

Safe and Convenient Means of Producing Anæsthesia of the Larynx.

Wm. C. Glasgow, M. D., of St. Louis, Mo., in a paper read before the American Laryngological Society, and published in the St. Louis *Courier of Medicine and Collateral Sciences*, Dec., 1879, says:—

During the past winter I have been experimenting with two remedies, both of which produced in a measure, not only the desired anæsthesia, but also relief from pain. I refer to the hydrate of chloral and carbolic acid. Both remedies have been extensively used in throat practice, but as far as I am aware, they have never been suggested or used for the purpose of producing anæsthesia of the larnyx.

The hydrate of chloral is decidedly inferior to the carbolic acid, and it is to this last that I would specially direct the attention of the members of this association. As typical experiments, I give the following cases, illustrative of many, on which I have founded my belief in the anæsthetic property of strong solutions of carbolic acid.

Case I.—A case of phthisis, with an enlarged hyperæsthetic follicle in the pharynx. The pain on swallowing was so severe as almost to prevent the taking of food. The solution of carbolic acid, in volume 1 to 5 of water, was applied to the follicle. An intense burning sensation was experienced, which lasted twenty seconds. This was followed by complete relief, and the act of swallowing was performed without pain. The application was made daily, one-half hour previous to the evening meal, which could then be taken with great comfort.

Other cases are given and the following conclusions drawn:—

1st. Carbolic acid in strong solutions produces anæsthesia of the larynx and relieves pain. The application causes an intense burning, which lasts about twenty seconds; the anæsthetic condition continues about two hours.

2d. The hydrate of chloral in strong solution applied to the mucous membrane produces anæsthesia. The application causes a severe burning pain, lasting over a minute; the anæsthesia does not continue longer than half an hour.

2d. The strength of the solution necessary to produce anæsthesia varies somewhat in different persons.

4th. It is recommended that the weaker solution be applied first, and this can be followed by the stronger solutions. The first application is the only one causing pain.

5th. No bad results, either constitutional or local, have followed the application of strong solutions of carbolic acid.

The Pneumatic Cabinet.

J. H. Tyndale, M. D., of Manitou, Col., in an article on climatic and home treatment of pulmonary phthisis in Europe, published in the St. Louis *Courier of Medicine and Collateral Sciences*, Dec., 1879, says:—

The use of the *pneumatic cabinet* and *transportable pneumatic apparatus* is still practiced extensively. Since the introduction of Waldenburg's apparatus for inhaling compressed air, movable and immovable apparatus have been invented in great number. Compressed air, diluted air and nitrogen are employed for inhalation, with exhalation into diluted air, compressed air or the ordinary atmosphere. The result of either method, and all of their modifications, may be summed up in this: Bronchial asthma has been greatly relieved, and by continued use cures have been effected; the general condition of consumptives has been somewhat improved by increased metamorphosis of tissue; expectoration has been facilitated by the exercise. All reports agree in this, that cases have only been improved. Disappearance of a well-defined infiltration or healing of cavity has not been noticed.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A pamphlet containing a clinical-surgical lecture on Lateral Curvature of the Spine, by Lewis A. Sayre, M.D., has been received.

——In a reprint from the St. Louis *Medical and Surgical Journal* for December, 1879, Dr. F. F. Dickman, of Fort Scott, Kansas, gives the history of a rare case of perineuritis.

——In a reprint from the *Western Lancet*, W. F. McNutt, M.D., of San Francisco, reports a case of ovariotomy performed on a patient 67½ years of age. Weight of the tumor, sixty pounds; extensive adhesions; recovery.

——Mr. Horace J. Smith, of this city, who has passed several winters in visiting the health resorts of Southern California, has published in

the Philadelphia *Press* a full description of the Ojai Park. He considers it is decidedly superior to Santa Barbara. He states that it is "more dry, and has a greater diurnal variety of temperature, and a freedom from any possible saline harshness of a littoral location. Asthmatic patients who cannot endure the seaside find here a perfect immunity from their disease; consumptives recover; and victims of chills and ague lose their complaint." Mr. Smith adds, "I will be glad to furnish meteorological tables of this place, and further information, to physicians or members of the Pulmonary Exiles' Club."

BOOK NOTICES.

A Manual of Auscultation and Percussion; Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Second edition, revised. Philadelphia, Henry C. Lea, 1880. Cloth, 12mo, pp. 240. Price $1.75.

This work contains the substance of the lessons which the author has for many years given, in connection with practical instruction in auscultation and percussion, to private classes composed of medical students and practitioners. Prof. Flint is so well known as a medical teacher and writer that it seems superfluous to state that the subject has been treated in a thorough and systematic manner, and the favor with which the first edition has been received has seemed to show that no radical changes were required. In revising it for a second edition, therefore, the author has confined himself to such additions as seemed likely to render it more useful, not only to students engaged in the practical study of the subject, but also to practitioners, as a handbook for ready reference, and we do not hesitate in saying that it would prove a valuable addition to every physician's library. The little volume before us is neatly printed on good, solid paper, and handsomely bound.

Eyesight; Good and Bad. A Treatise on the Exercise and Preservation of Vision. By Robert Brudenell Carter, F.R.C.S., etc. With numerous illustrations. London, MacMillan & Co. 1 vol., small 8vo, cloth, pp. 262. Price $1.50.

The well known surgeon to St. George's Hospital has in this little work proposed to himself to familiarize to patients and their attendants those precepts and injunctions about the care of the eyes and the preservation of the sight which they all should know and understand. It is a popular book on the eyes, not intended for the profession, although it contains what every professional man ought to know, and, perhaps we can say, ought to learn. The topics treated begin with chapters on the structure of the eyes, the nature of light, the forms of lenses, near and distant vision, convergence, myopia, astigmatism, etc. These are followed by brief explanations, color blindness, with directions for the care of the eyes in infancy and childhood, and adult age, the influence which the general health and habits have on the sight, plans of lighting, and concludes with a series of practical hints on spectacles.

Coming from the source it does, it is needless to say the advice is sound and the subject well handled; but a slight examination will show that the author is altogether too technical to obtain any large general reading. It is a matter of extreme difficulty to write on such a topic for non-medical readers; and we do not think Mr. Carter has succeeded in this respect.

Sore Throat, its Nature, Varieties and Treatment; including the connection between Affections of the Throat and other Diseases. By Prosser James, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and Chest; Late Physician to the North London Consumption Hospital, etc. Fourth edition, illustrated with hand-colored plates. Philadelphia, Lindsay & Blakiston. 1880. Cloth, 12 mo. pp. 318. Price $2.00.

This little work originally appeared at the close of 1860, and was the first, and for about three years the only, English book on the laryngoscope. Having since then passed through three editions, the author has deemed it necessary to thoroughly revise it, making such changes and additions as further experience has suggested. In the fourth edition several alterations in arrangement have been made, and fresh paragraphs have been interspersed throughout the work. Four new chapters—on syphilitic sore throat, on affections of the naso-pharynx, on connection of sore throat with affections of the nose and ears, and on affections of the œsophagus—have also been added, and the plates are likewise new. Dr. James being the first English worker with the laryngoscope, and having for years enjoyed rare facilities for observation, as physician to the hospital for diseases of the throat, as well as other public charities, among which a hospital for consumption, his work is unquestionably the best text book on the subject in the English language.

THE

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THE EXTENSION OF THE PATENT MEDICINE TRADE.

The extension of the traffic in secret nostrums cannot fail to be a matter of serious moment to physicians and to all who have the sanitary welfare of the community at heart.

Is it necessary that an explanation should be given as to how secret nostrums injure the people? We believe not; certainly not to the class who read this journal. But it is quite appropriate to bring some facts to show that the quack medicine trade is not dying out, as some fondly suppose. With increasing intelligence all over the civilized world, it seems, if anything, their consumption actually increases; in spite of laws and prohibitive enactments by governments, they are demanded and devoured by the populace with the most wonderful relish. In fact, they seem, like religious sects, to flourish under persecution. In Germany, where their sale is [illegible] prohibited by law, the stupidest remedial swindlers are popular. In Russia a paternal government lasts a[illegible] watches at the gates of entry for them, and prohibits all but a favored few. That these are selected with any serious discrimination it would be an insult to pretend. All sorts of precautions are taken in France against dangers resulting from unofficinal combinations, and yet Paris is the centre of a trade in them of enormous proportions. In England the magnitude of the trade may be judged from the fact that last year the stamp duty on them amounted to over $660,000, and over 19,000 persons took out licenses to engage in their sale.

This state of affairs is justly exciting the attention of enlightened statesmen in Europe, and the question is seriously discussed how to check this hurtful traffic. One such attempt is now being made to keep them out of Switzerland. A bill has been introduced into the Swiss Federal Assembly which prohibits the sale or advertisement of secret or special medicines which contain poisonous or very active substances, or of which the price is out of proportion to the value of the ingredients, or if the advertisement shall be injurious to public morality, or if the medicines are recommended for acute diseases. A commission of competent men is to be appointed to decide what are the specialties which fall under either of the named sections. Penalties of 20 francs to 200 francs are imposed, and publishers of journals are to be held responsible for advertisements of interdicted remedies in their pages.

In Belgium the druggists themselves are moving in the matter. "Almost all the pharmaceutical associations of the country," says the Antwerp *Journal of Pharmacy*, "have petitioned the Legislative Chambers to prohibit the sale of the specialties and secret remedies with which foreign countries inundate us. We beg those of our readers who reside in towns where there is not a pharmaceutical association to sign a similar petition and forward it to the Legislature without delay."

Of course, such action meets much carping comment from trade journals, whose patrons never allow their ethical notions to rise above the level of their breeches' pockets, for fear of injuring the contents of that, their most import-

ant viscus. They don't consider such action at all consistent with "push" and "vim." They have even succeeded in enlisting in their ranks some of our own profession, those, we imagine, who enjoy that pleasant thing, a "royalty," on some of these "proprietary preparations," as they are euphemistically termed. We observe that a society of "specialist physicians and pharmaciens" has been formed in France, for the defence of the interests of specialism in general. They have undertaken to draw up a new law on the subject, which will soon be presented to the Chambers of Legislature. And they invite the co-operation of all interested in the business. The precise limits which this society propose putting to their benevolence is not yet known to us: but we should imagine it will depend entirely on the maxims to be found in the modern Bible and Testament, known familiarly as the Day Book and Ledger.

Notes and Comments.

The Cystoscope.

This is an ingenious but rather complicated instrument, by means of which the bladder may be illuminated, and an optical examination made of it and the urethra. It is invented by Dr. Nitze, of Vienna, who has described it in detail in the Wiener *Med. Wochenschrift*.

The cystoscope differs from the old endoscope in the method of illumination. The light is not reflected from without, but is generated in the interior of the organ itself. Its source is a loop of platinum wire heated by a galvanic current. To avoid the injury to the parts which the heat of this loop would otherwise cause, it is kept continually cool by a stream of water running through a double system of tubes. The light emanating from the wire diffuses itself in the cystoscope through a small window of rock crystal in the side of the lantern enclosing it, and which forms the terminal bend of the endoscopic tube—the short, curved portion of the catheter. In the *urethroscope* the loop of wire, with its cooling apparatus, lies close to the external wall of the catheter, very near its internal orifice (which is cut off obliquely), and out of the axis of the tube. In the cystoscope the interior of the bladder, illuminated by the lantern, is observed through a second window, anterior to the latter in the straight portion of the catheter, by means of a prism, which acts by total internal reflection, and transmits the image to the "optical apparatus," which occupies the rest of the anterior part of the catheter. This consists of an objective of small focal length, which forms in front of it a small real inverted image of the mucous membrane, of a lens in the middle of the tube, which converts the inverted into an upright image, and of an external eye piece, which transmits to the observer's eye a magnified, upright representation of the object. The lenses are so arranged as to be capable of accurate focusing. This optical apparatus is adapted equally to the cystoscope and urethroscope.

Intravenous Injections of Milk, etc.

In his recent presidential address before the Obstetric Society of London, the well-known obstetrician, Dr. W. S. Playfair, referred to the recent researches of Mr Schäfer on intravenous injections. He stated that the first important result of this investigation is that it disposes, once and for all, on indisputable grounds, of the use of milk, beef tea and other fluids instead of blood. "Within the last year or two Dr. Thomas, of New York, and others in America, have published cases in which transfusion has been performed with such agents, of which the most that can be said is that some of the patients survived in spite of the operation. Mr. Schäfer's researches into the action of such fluids on the blood corpuscles will, I cannot but think, insure our not hearing more of such experiments. The operation is one in which I have myself always taken great interest, and after a careful study of all that had been written on the subject, I had come to the conclusion that the use of defibrinated blood with a simple syringe best fulfilled the indications which seemed to me essential for success, viz., simplicity of apparatus and ease of performance; and this was the method I had adopted in several cases in which I had performed it after severe post-partum hemorrhage."

Isolation for Syphilis.

How easy it is to choose the hardest plan to accomplish an end! Two of our exchanges for February come out in determined advocacy of absolute isolation for syphilis. *Place aux dames!* Hear Mrs. Sawtelle, M.D., of the *Medico-literary Journal*, San Francisco: "Make some stringent sanitary laws compelling every physician to report all venereal cases, and see that all such patients are isolated until cured or buried out of

sight, and not allow them, as now, to run at large, to contaminate the unsophisticated. The people demand protection from the strong arm of the law against this great crime."

And here speaks Dr. G. B. Walker, of Evansville, in the *Indiana Medical Reporter:* "Willing or unwilling, the syphilitic should be separated from the healthy and placed in hospitals, as well for their own benefit as for the welfare of others, and be permanently denied connubial bliss, for the good of posterity. Prevent the diseased from propagating offspring, and it is evident that in a single generation this terrible scourge must take its place among the things that were."

The object is excellent. But cannot these worthy people be persuaded to advocate something *possible* in this line, and not such an absurd impossibility?

Nerve Stretching in Obstinate Sciatica.

At a recent meeting of the Harveian Society, London, Mr. Walter Pye read a paper on nerve stretching. A patient had suffered for many years with severe sciatica, for the treatment of which huge doses of morphia had been used. The patient was in severe pain when not under the influence of morphia. The nerve having been laid bare, it was pulled backward and forward, forcibly, with from eight to ten pounds pressure. The wound healed well, the pain was lost, and some paresis followed. The paresis wore off, and some pain was felt in the lower leg, but there was no return of the sciatica. The patient was able to resume work. The sciatica was probably rheumatic. The list of cases of nerve stretching yet performed is not large enough to settle the question of the justifiableness of the operation. Mr. Pye then reviewed very carefully the history of the operation. It has been less successful in the treatment of tetanus than neuralgia. When the nerve was compressed by an inflammatory area the operation promised well. In cases where the skin had become altered a change toward the normal condition followed, as well as the relief of pain.

Tuberculosis from Diseased Milk.

Professor Otto Bollinger, of Munich, says, in a paper recently read in that city, that repeated experiments show that the milk of tuberculous beasts has a very decided contagious influence, and reproduces the disease in various animals, and that its noxious properties cannot be expelled even by boiling. While the tuberculosis of man is not completely identical with that of the cow, it is exactly similar; hence, there is constant danger to any community where milk is freely used. The professor enjoins upon farmers the necessity of taking the strictest care of their stock, and upon people generally the greatest care as to the quality of milk they use.

It is well known that phthisis is a common disease in cows. In some herds ten per cent. die of it. A brief but striking description of it is given by Dr. Tellor, *Diseases of Live Stock*, page 287–8.

Nutritious Ferns.

The *Journal of the Franklin Institute*, February, 1880, informs us that the dwellers on the argillaceous mountains of Japan derive most of their food from a variety of ferns, which they call *warabi*. In spring they eat the young leaves; later in the season they feed on the starch which they extract from the roots. In extracting the starch, the roots are carefully washed, in order to remove all dirt, then crushed by mallets, and the pulp stirred in reservoirs of water. The water is then drawn into other reservoirs to settle, depositing about fifteen pounds of starch for every one hundred pounds of roots. In order to secure the reproduction of the ferns, the natives often burn the herbage and brushwood that spring up under the shade of the oaks and chestnuts. Vast tracts have been devastated by this deplorable practice.

Trichinosis.

The *Veterinarian* for February draws attention to the extremely small amount of knowledge we have of the extent of prevalence of trichinæ in home-fed pork, to the certainty of this form of parasite infesting largely American pork, and to the difficulty of discriminating trichinosis in man from enteric fever and acute rheumatism. From these considerations it argues that trichinosis is probably of more common occurrence among human beings than has hitherto been conceived, and suggests the necessity of some steps being taken by the Government or the Legislature to insure some greater degree of safety in this matter than now exists.

The Spirilla-Spirochætes.

It has been pretty conclusively proved by Obermeier that relapsing fever is due to the entrance into the blood of this minute air-born vegetable organism. In further proof of this, we are informed by the London *Medical Record*, January 15th, 1880, that Vandyke Carter, in

India, has injected under the skin of monkeys defibrinated blood proceeding from patients suffering from relapsing fever, and which contained spirillæ. On the sixth day the monkeys were attacked with violent fever, and the blood was filled with spirillæ. Cohn, of Breslau, has further cultivated this spirilla in successful culture-fluids outside of the body, and reproduced feverish attacks with the third or fourth culture-fluid.

Correspondence.

Observations on the Heatonian Method for the Cure of Hernia.

Ed. Med. and Surg. Reporter:—

Some criticisms have recently appeared in contemporary journals on the late Dr. Heaton's method of operating for the radical cure of hernia. One of these critics quotes Dr. Heaton's cardinal point, "that any inflammation, except the mildest grade, must be carefully avoided." This is not the first time that this statement has been misunderstood. I know, from an intimate personal acquaintance with Dr. Heaton, that he is here warning us against irritating the peritoneum, and that he is far from maintaining that no inflammation or even a very slight inflammation is essential to a radical cure. Because of this friendship with Dr. Heaton for many years before his death, because this operation was explained to me before he ever published it, and because he himself showed me how to operate, I feel that what I say about the operation should have considerable weight in any discussion upon the subject.

The critic next proceeds to give a synopsis of Dr. Heaton's operation, together with his formula, as if it were something new and unknown. Thus far we have been treated, not to anything original, but only to quotations. He now describes a new instrument of his contrivance, a syringe holding twenty minims, and consisting of a barrel with a trocar needle, which holds a canula. After the needle has penetrated the tissues the sheath is withdrawn, and allows the canula to project beyond. After making this manœuvre and gradually depositing a few drops of the crude mixture on the parts, the operation is complete, so far as injection is concerned. When we consider that this instrument is a syringe with "points added, like Fitch's trocar," we fail to see any originality in the instrument.

I hardly need call the attention of any surgeon of prominence who keeps well up in the anatomy of these parts to the great danger of wounding the epigastric and pubic arteries and other blood vessels and nerves by a sharp lancet or angular-pointed instrument. The cautious surgeon well knows that his patient might easily receive a dangerous wound here, and bleed to death, perhaps, before it be discovered and secured. Hence, after what is known and has been said on this subject, a hypodermic syringe, or any thin and sharp-pointed instrument, will appear extremely dangerous to most successful surgeons. I should suppose there was hardly a single maker of surgical instruments who would be a party to the manufacture of any such dangerous instruments, and much less that there was any surgeon who would attempt to use such foul implements on any human being.

Indeed, one of the many reasons why Dr. Heaton preferred a needle like a brad-awl, with a round and somewhat blunted point, was that it would easily and safely glide off the coats of the vessels. In my instrument I further guarded against danger by a round and blunt-pointed needle, which would revolve in penetrating the tissues. In this way there is still less danger of wounds or unnecessary irritation than in Dr. Heaton's method of sweeping the needle around, so as to distribute the fluid equally upon all the parts. With my instrument the fluid is simply and completely distributed around the rings and canal during the act of entering and withdrawing the instrument, and there is no possible danger of injury to the parts during the operation.

It is generally accepted that to improve an instrument is to perfect it, render it less dangerous and more effective in any given operation. The critic referred to, in seeking to improve upon Dr. Heaton's instrument, instead of perfecting it has made a far more complicated affair, and produced an instrument not unlike, in its effects, the one devised by Dr. Davenport, which I have already condemned as extremely dangerous, in the article above mentioned.

The writer mentioned, in seeking to deposit a few drops upon the parts through the beak of his syringe, has misunderstood the operation as performed by Dr. Heaton. Even if it is not generally known, yet it is a fact, as I know, from having assisted Dr. Heaton, that he strove to force the fluid through the point of his syringe, with considerable force and violence, so that the fluid would become changed into a spray as it fell upon the surrounding parts of the hernial rings. Otherwise he could not expect success from the operation.

This has been invariably my experience in performing the operation many times. In regard to the duration of the after treatment, my experience has been, and it was the experience of Dr. Heaton, that the effusion of plasto-lymph around the parts is not sufficiently organized in five or ten days after the operation into adherent and fibrous tissue, to bear any strain at all upon them. They would at once separate and give way. Dr. Heaton caused his cases to remain at rest at least ten or twelve days. That we know from his experience, and I can say the same has been the case in mine.

As to the wearing of a truss for five or six months after the operation, this course I pursue with the majority of my patients. I shall also refer to this in a report written some time since, and soon to be published—a report for which the profession have expressed an anxious curiosity. I shall there present some valuable points never before given by any one, and which I have learned while working over the whole field of these operations for hernia.

I do not wish to be considered an opposer of any other gentleman; on the contrary, nothing pleases me so much as to have others do this

operation successfully. When, however, they attempt to do it, I do hope that they will select a proper and safe instrument to work with. If any one can devise a better instrument than has been devised, I, for one, should be happy to have him do it, and shall be happy to use it. But I hope they will be sure that it is safe, and that it gives honor to the good name of the operation, before they make it public as an improvement upon both Dr. Heaton's instrument and my own, which are already in successful use. Therefore, as the only living man whom Dr. Heaton ever personally taught the operation as it was performed by him, I protest, in the name of humanity, against the use of any sharp- or angular-pointed needle in the operation, and I emphatically warn the profession to expect many unfavorable and even dangerous results from the use of such instruments; results which probably might have been a successful cure had proper instruments been used.

Lest the profession should consider me over cautious in this matter I will refer to an incident during a recent visit I made to New York. Dr. Post desired me to go the Presbyterian Hospital to see a patient he had operated upon for hernia, but in whom he had not ventured to make the injection from the surface, for fear of injuring the arteries and other vessels. He had therefore first cut down upon the rings with the scalpel, freely, and then injected. He was in dread of these sharp-pointed instruments, but thought my new-pointed instrument avoided the difficulty. If this skillful and veteran surgeon, famous for his successful operations, dreaded and did not dare use a sharp-pointed instrument, how much more should the mere tyro in surgery avoid their use? It is impossible to be too cautious in this region so rich in surgical anatomy.

For those who may not have seen any of my former articles I will repeat the formulas which I use in my operations.

For infants and children to the age of five, for accidental or congenital hernia, aqueous extract of oak, of Dr. Heaton's formula.

For children five to fifteen, extract of oak distilled to the consistency of glycerine, with ten drops to the drachm of sulphuric ether.

For old and long-standing herniæ, congenital or otherwise, I find the latter extract of oak, with one drachm of absolute alcohol to four of the extract, and one drachm of sulphuric ether with one or two grains of sulphate of morphia added, give me the best results.

Boston, Mass. JOSEPH H. WARREN, M.D.

Imperforate Anus.

ED. MED. AND SURG. REPORTER:—

Mrs. A. was confined January 8th, 1880. The child was a male; weighed 10 pounds. Both seemed well at my visit, two days after. The child's bowels had not moved; a dose of oil was ordered. That night a message came for me, saying there was "no place for a passage." An examination revealed an imperforate anus. I began an operation at once. This was necessarily tedious. Several times I detected a marked odor of fecal flatus. I supposed the bowel was reached, and injected water to facilitate a passage, but to no avail. The grandmother incidentally remarked that the diaper was slightly soiled with something resembling meconium. My incisions extended to the depth of an inch and a half.

The child was now allowed to rest while I went home to read up. I began to suspect a communication between the rectum and bladder.

The following morning Dr. B. F. Gardner, of Bloomsburg, was called in consultation. He dissected the parts thoroughly, to the depth of three inches or more, but to no purpose. He decided that "more cutting would be bad surgery." Hoping that some favorable indications might occur, we again met the next morning, but nothing more could be done. The Dr. requested a post-mortem examination, and agreed to be present. The next morning the child died, five days after birth.

The following morning I performed a post-mortem examination; circumstances uncontrollable prevented Dr. Gardner's presence.

The rectum curved parallel to the bladder, which it joined at its neck. Both discharged by the urethra. The bowel diminished in calibre as it descended. Dr. Gardner's incision extended to within one-eighth of an inch of the rectum. I removed the bowel and bladder and forwarded them to Dr. Gardner, who made a plaster cast of the malformation. I neglected to say that Dr. Gardner diagnosed a connection between the two viscera. J. J. BROWN, M.D.

Mifflinville, Col. Co., Pa., Jan. 13th, 1880.

The Mishaps Attending the Treatment of a Burn.

ED. MED. AND SURG. REPORTER:—

Having seen in the REPORTER, April, 19, 1879, "The Treatment of a Terrible Burn," by Dr. C. H. Merrick, and having recently assisted in treating a similar case, I hope its reading may be acceptable to your numerous readers.

Mr. C. R., living three miles in the country, was accidentally burned by kerosene oil, about the first of this month. The oil was spilled from a lamp on the right sleeve of his shirt, and on the bosom, the blaze catching from the burning lamp and horribly burning that arm from the wrist to the neck and all over the right side of the chest, and in using his left hand to extinguish the fire and tear off his shirt, it was burned all over, all the skin peeling off.

Carbolized neat's-foot oil, carbolized linseed oil, bismuth, starch, eggs, charcoal, and tannin were the main remedies used externally; some glycerine and solution of chloral were also employed; but it is needless to state all the particulars.

He is about thirty-five years old, having a fair constitution and tolerably good habits for a laboring man. Owing to his situation and circumstances, there was some difficulty in having him nursed, and at times he was delirious and hard to control. The medicines were not given as prescribed, and on one occasion a preparation of brom. pot. and chloral sent out from the drug store was lost, and in consequence of it he suffered all night unnecessarily. The burns were not

properly dressed at other times, when left to the nurse. On one occasion the chloral mixture was exhausted about midnight, and the nurse gave him pills of gum opium, and the effect nearly caused his death.

Let me repeat the warning about the impropriety and bad effects of giving opium or morphine after chloral, or *vice versa*, giving chloral after opiates. If they are mixed and given together no bad effects follow. In this case and some others which are known to me, though not my patients, the action of the heart is suspended and respiration ceases, which require the prompt use of stimulants, frictions, sinapisms, stimulating embrocations and other means necessary to restore these suspended functions. This man was so far gone that the gentleman with whom he lives was certain he was dead, and was making preparations for his burial; but by energetic measures life was restored, and he is now about well.

On one occasion the nurse applied bismuth over the sores, and he used all he had; but on looking about he found what he thought was a paper full of bismuth, which he proceeded to sprinkle on, but the patient complained of its smarting and burning; and it proved to be lime, which, fortunately, was air-slacked, or it would have been about as bad as the original burn.

I saw him only twice, in consultation. The integument all came off his left hand, his right arm, and nearly all the right side of the chest. There will be very little impairment of the hand, but probably some contraction of the muscles of the right arm; the biceps muscle is now contracted a little. A. R. KILPATRICK, M.D.

Navasota, Texas, April 25th, 1879.

NEWS AND MISCELLANY.

Hydrobromic Ether.

There is every probability that this anæsthetic will come into vogue quite extensively if it continues to make good the reputation it has already achieved. The best sample we have seen is that prepared by Messrs. Wyeth & Bro. The aliaceous odor, which is disagreeably marked on almost all specimens, is hardly or at all perceptible on their preparation. We have compared it with other samples with much satisfaction. The price is also in process of reduction. It sells at $4.00 per pound, and as two to four drachms are ordinarily enough fully to anæsthetize an adult, it is, even at this price, as cheap in practice as the best sulphuric ether.

Fraudulent Medical Colleges.

Before a committee of the Massachusetts Legislature, last month, the names of nine legally chartered medical colleges were read, whose diplomas were not recognized by the Massachusetts Medical Society, because of proof positive that these colleges sell their diplomas without any evidence of study or fitness for medical practice, one of them (the Philadelphia University of Medicine and Surgery) maintaining an agency in Europe, for the express purpose of selling diplomas. Three of these nine institutions are in Cincinnati. The list is as follows: American University of Medicine and Surgery, of Philadelphia; Philadelphia University of Medicine and Surgery; Physio-Eclectic Medical College, of Cincinnati, O.; Physio-Medical College (new issue), of Cincinnati; American Eclectic Medical College, of Cincinnati; St. Louis Homœopathic Medical College; St. Louis Eclectic Medical College; New England University of Medicine and Surgery, of Manchester, N.H.; University of Medicine and Surgery, of Haddonfield, N. J.; and American Vitopathic College, of Cincinnati, Ohio.

Modern Fashions.

A writer in the London *Lancet* is hard on the bangs, veils and tie-backs now so cherished by the fair sex. He writes—

At the present time women go about hobbled, after the fashion adopted by our forefathers to prevent the straying of their horses and asses when turned out to grass. Bonds encircle the legs and knees, and besides preventing a decent gait, expose the wearers of such ridiculous gear to the risk of falling, particularly when hurrying across a crowded thoroughfare, or even stepping upon a curbstone. This is sufficiently monstrous; but even worse, because persistent, mischief is done by the practice of binding a veil tightly round the face in such a way that not only is the sight obscured, but the eyes are mechanically irritated by the fabric clouding them. Cases of something worse than mental annoyance and "nervousness," distinctly traceable to this cause, are falling under the observation of practitioners, and when the practice is denounced, "fashion" is pleaded as its excuse.

The Best Vehicle.

An anecdote is told of a physician who was called to a foreign family to prescribe for a case of incipient consumption. He gave them a prescription for pills, and wrote the direction: "One pill to be taken three times a day, in any convenient vehicle." The family looked in the dictionary to get at the meaning of the prescription. They got on well until they got to the word vehicle. They found "cart, wagon, carriage, buggy, wheelbarrow." After grave consideration they came to the conclusion that the doctor meant the patient should ride out, and while in the vehicle he should take the pill. He followed the advice to the letter, and in a few weeks the fresh air and exercise secured the advantage which otherwise might not have come.

Statistics of Ovariotomy.

In skilled hands the statistics of ovariotomy are constantly improving. Undoubtedly, the introduction of antiseptic precautions, according to the Lister method, is to be credited with this improvement to a large extent. As an instance of uncommon success we may mention that Dr. William Goodell, Clinical Professor of the Diseases of Women in the University of Pennsylvania, has performed, during the past year, eight operations for ovariotomy, with only one death. All were performed under the antiseptic spray.

The Metric System.

At the International Medical Congress held last autumn, at Amsterdam, a resolution was adopted declaring that it was now opportune to make, on the basis of the metric system, an international pharmacopœia for the common use of the nations willing to accept it, and inviting the Pharmaceutical Society of Paris to communicate its project of an international pharmacopœia, in order that it might be printed among the documents of the Congress, unless previously issued by the Pharmaceutical Society itself. The following gentlemen were nominated by the Congress as a commission, and charged to present a report on this subject at the next session of the Congress, which is to be held in England in 1881: MM. Lewis A. Sayre, of New York; Dechambre, of Paris; Ernest Hart, of London; Warlomont, of Brussels; Guye, of Amsterdam; Palasciano, of Naples; E. Seguin, of New York; Gille, of Brussels; and Méhu, of Paris.

Cooling Water Coils.

We have been shown a sample of Larrabee's "cooling pads and water coils," manufactured by Wœrner Brothers, Louisville, Ky. The device is a tube of india rubber, of a quarter inch calibre, which is formed into a coil or pad of any desired size, and which can always be kept cool by a flow of water of the proper temperature through the tube. This is not a novel device, as in several forms it has already been before the profession, notably in the fever bed of the late Dr. Kibbee, but the convenience of the pads before us and their neat preparation will commend them to all.

Commencement of the American Veterinary College.

On Friday evening, February 27th, 1880, the Commencement exercises of the American Veterinary College were held in Chickering Hall, New York City. Prof. D. B. St. John Roosa delivered the address to the graduating class, consisting of eighteen members, complimenting them on having chosen a profession offering so rich a field for labor, investigation and advancement. Prizes were awarded for the best examinations. The College was congratulated on its success, which may now be regarded as assured.

Quarantine Conference.

The National Board of Health requests that all quarantine authorities of the United States will send authorized representatives to meet with it, in Washington, on the 5th of May next, for the purpose of amending the rules and regulations prepared by the Board last year, and recommended by it to State and local quarantine authorities for adoption.

OBITUARY NOTICES.

—Surgeon General William Maxwell Wood, United States Navy, died, March 1st, at his residence, Owings Mills, Baltimore county, Maryland, in the 72d year of his age. He was a native of Baltimore, and was appointed in May, 1829, as assistant surgeon at the Pensacola Navy Yard. Subsequently he served in the West India Squadron, and was commissioned as surgeon in 1838. He was fleet surgeon of the Pacific Squadron in 1844-46, and rendered valuable service at the breaking out of the Mexican war. During the civil war he was fleet surgeon on the North Atlantic blockading squadron, and participated, on board the flagship Minnesota, in the first battle of ironclads, that of the Monitor with the Merrimac and other vessels of the Confederate squadron, in Hampton Roads, also in the capture of Sewell's Point. In 1868 he was appointed president of the Examining Board, was Chief of the Bureau of Medicine and Surgery in 1870 and was retired in 1871.

—Assistant Surgeon Robert White, of the United States Marine Hospital Service, died February 24th, at his station on Bedloe's Island, in New York Harbor, of phthisis pulmonalis, at the age of 32 years. Dr. White took his degree in medicine in Harvard University. He was designated by the Surgeon General to investigate the yellow fever epidemic of 1878, which duty he courageously performed. He also accompanied the party in the revenue cutter Rush, on her cruise to Alaska, of which trip he prepared a scientific report of much value, and made some valuable contributions to the Smithsonian Institution.

—Dr. H. H. Toland, of San Francisco, one of the most prominent physicians in California, died from apoplexy yesterday.—*New York Times, Feb.* 28th, 1880.

QUERIES AND REPLIES.

—*Veterinarian.*—Prof. William Williams, John Gamgee and George Fleming may be considered leading authors on the subject.

—*Dr. J. B. H., of Mo.*—The electric cautery may be used to remove hairs. There are also many depilatories of more or less value, formulas of which you will find in the usual repertories.

—*Dr. S. W. B., of Tenn.*—Dr. Fothergill has written considerably on hydrobromic acid, but no monograph on the subject has appeared.

—*Chirurg.*—Any instrument you wish can be made here. Send drawings, etc., and we will get estimates.

MARRIAGES.

GREEN—SMITH.—At Brooklyn, N. Y., on Wednesday, February 22d, by the Rev. Dr. Bakewell, Dr. William Green, of Trenton, N. J., and Mrs. Louise B. Smith, of Patterson, N. Y.

THOMPSON—THOMPSON.—At Martha Furnace, Pa., February 18th, by Rev. Robert Hamill, D.D., James A. Thompson, M.D., of Snow Shoe, Pa., and Miss Nora M., daughter of John I. Thompson, Esq., of Martha Furnace.

DEATHS.

GOLDSMITH.—At his residence, at Ashland, Camden County, N. J., Dr. Thomas Oliver Goldsmith, formerly of Philadelphia, aged 72 years.

HAWES.—At Montclair, N. J., 25th ultimo, George Elias Hawes, M.D., aged 41 years.

LEAVITT.—Suddenly, on Monday, February 23d, at Atlantic City, T. L. Leavitt, M.D., son of the late H. A. Leavitt.

THE

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Original Department.

Lecture.

MINOR EPILEPSY.

An extract from a Lecture delivered at the Hospital of the University of Pennsylvania, Nov. 8, 1879.

BY WM. PEPPER, M.D.,

Prof. of Clinical Medicine in the University of Pennsylvania.

Reported by Wm. H. Morrison, M.D.

Gentlemen:—The next case is quite an interesting one, and one that involves the diagnosis between minor epilepsy and some other affections. While in the ante-room, just before the lecture, a man entered the room and advanced toward me, but when within five feet of where I was standing he suddenly stopped, grew pale, his pupils dilated largely, and he began to move his hat, which he had in his hand, from side to side, in a peculiar manner. I spoke to him quite sharply and asked him if he saw me. He appeared to have some slight perception that he was addressed, but made no reply. In a moment the color came back to his face, his pupils contracted, and he said that he had had one of his "spells." He says that he saw and heard me, but could not answer.

Let us now examine him. He is a middle-aged man, works in a bleaching factory. Four years ago he had a severe pain in the left side of the head, over the eye, which at the end of six weeks went away. Has some dyspeptic symptoms, which were first noticed about ten months after he began to have the spells. He swells after eating, has eructations, but no vomiting, has a pain across the back. For the past six months his bowels have been irregular, a little loose, one or two passages during the twenty-four hours. His appetite has not been very good for the past four or five months. He does not use alcohol or tobacco. No one else in his family had these spells. He has received no injury to the head, and has not been subjected to any trouble or worry. The attacks come on sometimes two or three times a day. They generally come on every four days. They come on with a "feeling like a mist rising from the stomach and passing upward until it reaches the forehead." It is accompanied by a feeling as though he was in a fog and could not see or hear distinctly. He says that he never loses himself entirely, but can hear and see. The attack lasts about three seconds. He is not giddy. The facts of this case are very unusual, and bring up that interesting point, the diagnosis between minor epilepsy and some other conditions. Of all these conditions the most important is gastric vertigo. There are some cases of dyspepsia which are owing to extreme sensitiveness of the nerves of the stomach, from chronic irritative trouble. Finally the nerves get into such a state that the least irritation will cause a reflex irritation upon the nerve centres, interfering with the circulation, and causing attacks of vertigo with the rapidity of an epileptic fit. During these attacks the mind is confused, the head feels heavy, and after it has passed the patient feels dull. These attacks are sometimes very hard to distinguish from minor epilepsy. I think that this patient is the subject of minor epilepsy, but of a very rare and peculiar type, inasmuch as he distinctly states that he does not absolutely lose consciousness during the attack; but from what I saw, he must very nearly lose it. The attack that he had outside was very much like a partly

formed epileptic paroxysm. The dilated pupils, the pallor, the muscular rigidity, and the wavering motion, the breaking out of sweat and the evanescent loss of power, are very much like the epileptic attack.

I consider this to be a case of that character, because in gastric vertigo it will be observed that the vertiginous spells distinctly follow gastric irritation, and those affected with this disease are subjects of long-standing dyspepsia. Our patient's digestion was good for some time after he began to have these spells, and instead of their coming on in consequence of gastric trouble, they have come on after a severe localized cranial pain; and further, instead of there being attacks of vertigo, the patient says that there is no vertigo, and that the attack is preceded by an aura, which, beginning at the stomach, mounts upward. Taking all these things together makes me believe that this is a case of minor epilepsy, with the peculiarity that the patient does not completely lose consciousness. That he does almost lose consciousness is shown by the fact that the loud shouts addressed to him while in the attack did not cause any change in his expression, and that he only knew that he was addressed, without knowing what was said.

Here, then, is a case of extreme interest, and I give you my reasons for considering it to be of the nature that I have stated; but the gastric trouble needs to be carefully treated. He is disposed to have diarrhœa. It is possible that his digestion has been impaired by the large amount of medicine he has taken. I would propose that we should leave off all treatment addressed to these attacks, and endeavor to thoroughly restore the function of digestion. I would put him upon an exclusive milk diet, allowing no solid food until the bowels have been restored to their normal condition. I would begin with a small amount of milk, with a little lime water, every two hours, and gradually increase the quantity until he should take half a pint every three hours. With this, small doses of nitrate of silver, gr. $\frac{1}{8}$, with three or four drops of the deodorized tinct. of opium, dissolved in glycerine, three times a day, after food. As his digestion improves, we will see how much of his attack has been dependent upon its derangement. We will then put him upon the use of some of the bromides, still continuing the nitrate of silver.

The sharp pain that he had over the eye needs careful study. I will have his eyes examined, to see if there is any indication of brain disease. These attacks were probably malarial in character, as he lives in a malarious district, but they may have indicated some local intercranial disease.

I will call your attention to another point in connection with this case; that is, the relation of these cases to Meniere's disease, or labyrinthian vertigo. None of the symptoms of that disease exist in this case, but we always think of it in the diagnosis of mind epilepsy. In consequence of disease involving the lining of the labyrinth of the ear and affecting the auditory nerve, often connected with subacute meningitis, resulting from exposure to the sun, injury to the head, or following the specific fevers or syphilis, there is a perpetual irritation of the auditory nerves, with subjective noises in the head and progressive loss of hearing; and then, from time to time, owing to some little increase in the irritation, there is an attack of vertigo. It may be simply a feeling of giddiness, or while the noise grows intensely loud the patient sees surrounding objects dash toward him, and he pitches to the ground with as much force as an epileptic patient, but with this difference, there is not the slightest loss of consciousness, although the patient loses all control of himself. These attacks are recognized by the previous history of tinnitus, which is invariably present, by the progressive failure of hearing, and by the characters of the attack, which are attended by increase of the tinnitus and intense vertigo, the objects usually revolving in a certain direction, but unattended by loss of consciousness. In the present case there is no vertigo, and the character of the attacks excludes this disease.

I will show you this man in a month, in order that you may note his condition.

Communications.

CONTINUED MALARIAL FEVER.

BY H. HORACE GRANT, M.D.,
Of Newcastle, Ky.

My acquaintance with the teachings of eastern medical schools, together with my knowledge of the literature and text-books of eastern authorities, from the incompatibility they indicate with my personal experience, has convinced me there must exist, in some respects, a marked difference between the malarial phenomena of the East and West. Not only is it that the descriptions offered by these usually faithful delineators of symptomatology fail to comprehend many of the malarial manifestations to which our experience is so accustomed, but the therapeutical interferences recommended are totally inadequate to our emergencies.

The very general unwillingness of physicians of this vicinity to admit the occurrence, here, of typho-malarial fever, is to be accounted for by the indifferent comparisons declared between the morbid conditions they observed and the descriptions they read. While every practitioner of experience and observation must certainly admit the varieties and anomalies to which even most declared and characteristic disorders are subject, yet the many common and characteristic symptoms of a peculiar malarial fever we have seen in the past six months have determined most physicians in this district that an agent of different character from the ordinary "remittent" and "typho-malarial" fevers of our present nosology is involved.

The form of fever which I am come to describe appeared in this county in the summer of 1879. Several fatal cases occurred in every neighborhood of this and adjoining counties in the course of a few months. In one or two localities great fatality attended it. Data are not at my hand for describing the peculiarities of the affection as it appeared in all these localities, but from reliable report, I find the comparisons pretty uniformly regular. Many cases have come under my personal supervision, and not a few have I seen in consultation and through the courtesy of friends. In all these cases, numbering about thirty-five, the history and course were similar.

Prof. Flint, in his "Principles and Practice of Medicine," page 935, says: "Following the first chill and febrile reaction of remittent fever, there is a remission, but not apyrexia for several hours." The febrile career ends in the second or third week, early nausea and vomiting continuing throughout the disease; tenderness and pain in the epigastrium. If protracted, the typhoid state may be denoted by low delirium, subsultus, sordes, etc. If typho-malarial fever supervene, all the symptoms of typhoid are added; it comes on in the second week. He says of simple remittent fever, that cinchona will, in the great majority of instances, succeed in promptly arresting the disease.

I heard Professor DaCosta, in his lectures in the Jefferson Medical College, a few years ago, describe remittent fever as mostly quotidian; early gastric symptoms; often six to twenty-four hours of fever; a remission of three or four hours; at the eighth day remissions cease; at tenth day the fever ends, or typho-malarial or intermittent fever is declared. Accompanying remittent fever are jaundice, headache very prominent, sometimes delirium. Temperature ranges from 101° to 106°.

We are all familiar with this form of fever, and recognize it without difficulty from such fair descriptions.

We have here a fever which begins with a chill, commonly in the evening, preceded for a day or two by malaria. The chill is not usually violent, nor the fever very high, rarely above 104° F. Headache rarely great, frequently none. No complaint of pain in limbs; tongue coated early, with yellowish fur, but never brown or cracked, in cases which do well; rarely more gastric disturbance than nausea; there is no marked remission in this fever; the next morning temperature is 102–103, and irregularly during the day or night it may be a half degree higher or lower. Patient is cheerful all through; bowels are constipated, but respond to mild laxatives; stools usually thin and light-colored, but not ochre; pulse ranges from 75 to 85, not often above 90; appetite often continues fair. This fever, though in favorable cases the temperature falls after the eighth or tenth day to 100 in the morning, and 102½ at night, goes on without delirium, sordes, eruption, diarrhœa, headache or much prostration, in spite of 12–40 100 grains of quinine in the twenty-four hours, the mineral acids, supporting or antiphlogistic treatment, for from four to ten weeks, to a tardy convalescence, or terminates earlier at the grave. No case proving fatal showed gravity until within a few days of death, and three patients of whom I have gained reliable report sank into stupor from seeming convalescence, and died in a few hours.

That malaria is the *materies morbi* of this affection is indicated by many things, chiefly, however, by the following reasons:—

1st. It occurs, generally, if not exclusively, in known malarial districts, where typhoid poison is not known to reside.

2d. After a day or two of prodromus, a chill is followed by a high temperature, such as only accompany malarial manifestations, for such grave characters as belong to pyæmia, erysipelas and other blood poisons are wanting.

3d. The history of the patient previous to the attack is usually good, and he lives in a country where only a common influence can account for the general infection.

4th. The known tendency of malarial poison to manifest itself at weekly or fortnightly periods is noticed in this fever.

That it is not typhoid fever is proven by an absence, from every case I have seen or known about, of the characteristic symptoms. No defined eruption; rarely delirium; no sordes; no diarrhœa; no grave prostration. Occasionally,

indeed usually, there is epistaxis, but aside from this single symptom, the only common feature of the two is the temperature record, which, *after* the high temperature is attained in typhoid fever, in the two diseases shows a similar report.

I will report a case from my note-book, merely giving the temperature record morning and evening. Throughout this case the appetite was good; there was no delirium, sordes, diarrhœa, tympanites, pain, eruption, headache, though occasional epistaxis.

J. T. B., age 23; weight 175 pounds; not carefully temperate, yet not dissipated. I saw him on the morning of December 9th, 1879. He had felt badly for two days, but had attended to his business (a clerkship) the previous day; had taken no stimulant for a week; felt cold preceding evening, but had no decided chill; skin hot; tongue coated; felt pretty comfortable.

		Temp.	Pulse.		Temp.
1st day,	A.M.	104°	75	P.M.	104½°
2d "	"	103	76	"	103½
3d "	"	103	76	"	103
4th "	"	103	76	"	103
5th "	"	102	...	"	103½
6th "	"	102	...	"	103
7th "	"	102	...	"	102½
8th "	"	102	80	"	103
9th "	"	101½	80	"	102½
10th "	"	101	76	"	102⅘
11th "	"	101	74	"	104
12th "	"	101	80	"	102⅘

All this time he had been taking regularly quinia sulph., gr. 48 to 60 in the twenty-four hours. Also dil. nit. mur. acid, gtt. xx, three times a day; bowels costive; rests well.

		Temp.	Pulse.		Temp.
13th day,	8 A.M.	103°	80	6 P.M.	102¾°
14th "	"	101	...	"	99
15th "	"	99			
" "	11 A.M.	103½	80	"	101
16th "	8 A.M.	99½	...	"	102
17th "	"	99⅘	...	"	102
18th "	"	100	...	"	100½
19th "	"	100	...	"	101½
20th "	"	99	...	"	100
21st "	"	98	...	"	100
22d "	"	98	...	"	100
23d "	"	98	...	"	98½
24th "	Normal.				

During the last five days the patient gained strength visibly, and his bowels were moved daily without a purgative, his tongue became clear. He got up a day or two after he was declared free of fever, but the quinine was continued in large doses. On the seventh day of convalescence, or thirty-one days after his first date of fever, he had a chill at 7 P.M., pulse 110, temperature 104°. On the morning of the thirty second day his temperature was normal; quinine pushed. At 6 P.M., after an interval of three days, or on the thirty-fifth day, he became feverish, without a chill. This date was January 11th, 1880.

	8 A.M., Temp.	Pulse.	6 P.M., Temp.	Pulse.	
1st day	...	...	103°	110	
2d "	99°	108	104⅛	110	under aconite.
3d "	103½	110	101¾	120	
4th "	100	108	104	110	
5th "	101	96	102½	110	
6th "	100	96	100½	100	
7th "	99	94	101	100	
8th "	99	90	100	90	
9th "	99½	80	102½	90	
10th "	99	80	100	90	
11th "	98½	76	99	80	
12th "	98	76	101	80	
13th "	98	76	99	80	
14th "	98	76	100	80	

15th day temperature normal; pulse continued about five beats too high for a week or so.

I certainly do not mean to state that all through this exhausting febrile course the patient was well in everything but high temperature, but I mean to show how little of the distress, danger and prostration of typhoid fever attended his illness. Some inconsiderable complications appeared once in a while, but their treatment was rational. Nothing specific was attempted, aside from the exhibition of large doses of quinine, free use of the mineral acids, and good supply of soups and liquid nourishment. No stimulants were given until the fourth day of the second attack, the thirty-eighth day of the febrile course. At every seventh day succeeding recovery, for several weeks, the patient felt badly, and took large doses of quinine. At this date, March 3d, 1880, his health and strength are fully restored, and his weight is 170 pounds.

The experience of the physicians in this district is, for the past six months, almost a succession of cases greatly resembling the case I report. In many cases the relapse was not observed, but it was not uncommon.

I noticed in the REPORTER for February 14th, 1880, a notice of two cases of "Gastro-enteric Catarrh," reported by Dr. Grimshaw in the Dublin *Medical Journal*. The temperature record here detailed resembles that of the fever we see here, but both cases got well under quinine very early, one in eight days the other in six days. Dr. Grimshaw reports nothing but the temperature; there is no mention of diarrhœa, abdominal tenderness, or irritation of the stomach, hence I should hardly call our cases gastro-enteric disease.

If it happens to be the experience of any reader of this journal to have to treat such singular manifestations of elevation of temperature

he will understand how puzzled and anxious we have all been in this epidemic.

The treatment has been usually large doses of quinine, good food, and rational treatment of minor complications. High temperature is reduced by sponging and depressants of the circulation. Some reputable practitioners use nothing, after a few days, but Dover's powder at bedtime, and occasional doses of gelsemium and aconite. The supporting treatment is not peculiar in any respect, for the prostration is rarely marked. I have had no opportunity to make post-mortems. The fever is still occasional in this vicinity, though the force of the epidemic is evidently spent.

HÆMATOMA OF THE VULVA.

BY W. W. GAILEY, M.D.,
Of Ashland, Ill.

The communications in your journal of recent date on the subject of vaginal thrombosis, by Drs. Montgomery and Stewart, and in a subsequent number a correspondence upon the same subject, by C. S. Maxwell, M.D., have recalled a case of my own, and awakened a desire to report the same, cherishing the hope that something of value may be culled from it, if naught other than the lessons its defects may imply.

On September 30th, ultimo, at 12 M., I was summoned to attend Mrs. W., aged 20 years; married nine months, and in confinement with her first child. She lived about six miles distant in the country, and it was but a short time until I had traversed the road. The presentation was vertex, in the first position; and the labor was marked by no untoward circumstance or peculiar character, unless it was the great distention of the perineal tissues during the latter stage, which I must say was extreme, so much so that I, with considerable solicitude for the integrity of the parts, exerted my efforts in retarding the rapid advance of the head, and equalizing the expansion of the perineum by pulling forward the sphincter ani, as taught by Goodell. It is, however, sufficient for my present purpose, to state that within two hours of my arrival and six of the initial pains of labor, the child was born, and the placenta extruded by the natural efforts, assisted in some degree by supra-pubic pressure. In my haste to visit another patient to whom I had been called, eight or nine miles distant, and quite as far from my own home, and it now growing late in the afternoon, I determined to forego my usual habit of remaining a half hour or longer following the completion of the delivery. I however left my patient perfectly comfortable, and directed that in case severe afterpains should supervene, Dover's powder should be given until relief would follow.

On my return home, at 10 o'clock, a messenger was in waiting, desiring my immediate return to the lying-in patient whom I had so recently left comfortable; he stated that I was scarcely out of sight before it became evident that another child was "coming down," but that it had somehow "lodged," from what he could learn, and that he did not have much idea that the woman would be there when I should arrive, for she was nearly gone when he left. This sort of intelligence was not of a character to inspire many pleasant anticipations, and when I intimate that one of the characteristic events of our climate had announced itself in a sudden transition from beautiful calm moonlight to lowering tempest and drenching rain, interspersed with darkness similar to that which troubled the Egyptians (and some of which is said to have been bottled), the brethren of *our noble art* will not covet my situation on that night, when I doggedly exchanged my light-running buggy for the saddle, and donning my rubber attire, plunged out into the growing storm. Dave's easy, quick and sure step rapidly eliminated the intervening distance, and I was soon at the bedside of my patient, whom I found to be still there; but I am candid in confessing that she was scarcely living, for she was cold and nearly pulseless from exhaustion, incident to the incessant pains and bearing down efforts. I at once ordered *brandy sling*, and every appliance at hand which might produce reaction. and as deliberately as possible proceeded to an examination of the case.

There had been no hemorrhage, as evinced by an examination of the cloths, clothing and bedclothes, but on placing my hand upon the external genitals I discovered a tumor, which, for the moment, aroused my apprehension that something decidedly outside the pale of any of my former experience had presented itself. The impression conveyed to my mind on first contact with the parts was that a fœtal head was distending the vulva and pressing upon the perineum, at a point corresponding with the right sacro-iliac synchondrosis. By intra-vaginal exploration, I satisfied myself such was not the case; neither was it introversion of the uterus, or prolapsus of the vagina, since the former was found occupying its usual station, well contracted, and apparently in good condition, and the latter, saving its tortuous channel, occasioned by what

I discovered to be two distinct *hæmatomata*, was in a situation not different from that which would exist under normal circumstances. Never having had such a case, and indeed, not remembering to have ever read or heard of the like, I must confess to feeling as if nearly *floored*, as Mr. Chillip would under like experience have said. I, however, reasoning by exclusion, readily eliminated everything within the confines of possibility but *extravasation of blood into the tissues of the vulva and labia.* As I said, there were two prominences, a smaller one immediately above the large one, and separated by a space of perhaps one inch or more; this was about the size of a goose egg, and although firm, circumscribed and prominent, felt quite different from that which was beyond, inasmuch as it seemed to be a sack containing a fluid substance of some kind. Acting under the impression that it was formed by the rending away of the mucous membrane from the underlying tissues, I decided to puncture, which I readily accomplished by forcibly punching with the point of my index finger; this was followed by a discharge of thick blood. I now began to press from without upward, upon the perineo-labial enlargement, with the effect of relieving greatly the intense suffering of the patient, who soon manifested the relief by a reaction in pulse and freedom from pain. I decided to continue the compression, and for this purpose adjusted a compress, held in position by a T-bandage. In the morning my patient was pretty bright, having fully reacted, and taken a couple of hours sleep. I now removed the bandage and inspected the parts. Except the tumid or swollen condition of the parts and the tendency to prolapse, there was nothing peculiar about them. There was scarcely anything in the color differing essentially from the parts corresponding. I again put on the compress, and directed vaginal injections of chlorate of potassa. The day following, and the next, she was doing so well that I discontinued my visits, but forewarned the family of the possible chances of blood poison.

On the tenth day succeeding her confinement I was again called, to find that the night previous she had had a hard chill, and was now suffering from high fever. The bandage had been left off three days before, there seeming to be no demand for its employment; the parts having returned to their original or natural dimensions. The fever, however, continued, accompanied by copious sweats and other characteristic symptoms of septicæmia, and although there was no fetid discharge from the vagina, there was a foul, sickening odor about the patient's person, which, notwithstanding the utmost cleanliness, good ventilation and the free use of disinfectants, was persistent until such time as the *vis medicatrix naturæ*, with such artificial help as was contributed by the free use of potassic chlorate, the mineral acids, quinine and iron, and the hypodermic use of atropine for sweats, had eliminated the poison from the blood.

The fever extended over a period of two weeks, and was followed by a diarrhœa which gave a good deal of trouble, but after a month she was well, and ever since has enjoyed good health.

The points embraced in the foregoing sketch of the case may be comprised in the following questions: Why should and how could compression or distention from passage of a fœtal head produce such a lesion as that described; a clot of blood in a mucous sack, and apparently independent of this, a diffused extravasation of blood into the connective tissue of the labia? In what way can the discrepancy of septicæmia supervening the entire subsidence of the extravasation be harmonized? Did the blood poison originate from the abraded surface, rendered so by the rupture of the mucous membrane with the index finger? Or had the effusion crept along the recto-vaginal tissues and burrowed upward toward the abdomen and slowly become absorbed?

As I now take a retrospect of the clinical and pathological characters of the case, as they then occurred to me, I find that with my present information upon the subject of vaginal thrombus, I would have been better qualified for its study with a view to determining the above points. I shall submit no remarks or conclusions, but allow each reader to conjecture for himself.

THE AUDIPHONE AND OTHER INSTRUMENTS TO ASSIST IMPAIRED HEARING (DEAFNESS).

BY CHARLES S. TURNBULL, M.D.,
Of Philadelphia.

Short, indeed, has been the life of the audiphone and similarly constructed and named appliances for the conduction of sonorous vibrations to the auditory nerves by other than the natural way, which were to make "the deaf hear" and "the deaf and dumb hear and learn to speak." The deaf, as a class, rushed to the several agencies by the hundreds, and large numbers of the deaf and dumb as well; but few, very few, bore away the coveted instrument which was to restore the lost sense. A small percent-

age of the whole number wished to, or else did, purchase the costly appliance; a large number heard somewhat better, and took their's home to practice with, and finally to look upon as a curiosity; and the larger number, with disappointment pictured upon their faces, patiently relapsed into their former condition of resignation to the inevitable.

We regret having to state that our experience with the audiphone, etc., has been *nil*, because the suitable cases are so few and so far between. Out of over two hundred cases of acoustic or middle ear deafness, not one patient cared enough for any form of instrument, although the hearing was more or less improved by its use, to express a wish to procure such. That there are some suitable cases we do not deny, but that they are few and far between we do affirm, and in so far as its being of service in the teaching of the semi deaf mutes, our experience causes us to doubt its utility. This latter question, however, we will leave to be solved by the several teachers of Bell's Method of Visible Speech. The high price of the various forms of instruments now offered the public induce those in need to construct some other inexpensive and suitable variety, as well as the pirating of patents.

With the interest manifested in the audiphone, dentaphone, and similar novel forms of instruments to assist defective hearing, the public, as well as many medical men, seem to have lost sight of the fact that the majority of cases of deafness are partial, and are of what we have termed* the *acoustic* variety, generally due to middle ear disease. Such cases are to be benefited only by those forms of apparatus which arrest, collect and intensify sound vibrations, and *reflect* them either into the natural auricular appendage, directly against the membrani-tympani, or into the tympanal cavity. We are of the opinion that in the construction of instruments to assist defective hearing laurels are still to be won in the adaptation of an apparatus which will depend upon the principle of the *reflection* of sonorous vibrations, instead of upon that of their *conduction* to the auditory nerves; and furthermore, we have determined that these two principles can be combined with great advantage. For this purpose we have used curved crescentic-shaped pieces of sheet vulcanite, which, like the hand behind the ear of the intent listener, extend beyond and push the auricle forward, and thus assist in collecting and reflecting the sound vibrations. These pieces of hard rubber constitute part of a thicker piece of vulcanite which conforms to and covers the mastoid, and through this bone simultaneously *conducts* the sound. These aural appendages are sprung behind the auricles, and are held in position by a strong adjustable spring which passes over the forehead. This instrument has, in our hands, proved most satisfactory, but we must admit it is in no way ornamental to the wearer.

When we stop to reflect that the majority of cases of "deafness" are owing to impairment of the acoustic apparatus, through disease of the middle ear and its appendages, we can fully appreciate the value of the various forms of the would-be-discarded ear trumpets, conversation tubes, artificial auricles, etc., all of which instruments must be more or less relied upon in the greater number of cases of impaired hearing. Out of hundreds of such cases of deafness (acoustic) which we have examined, every one has been materially benefited by the ordinary short ear trumpet, having a four-inch aperture, or by the adaptation of almost any other form of artificial auricle. To prove in the easiest way what we have just stated, it is only necessary, in all cases of acoustic deafness (unless, as is rarely the case, they be absolute), to push forward either auricle by holding behind it a postal card, bent to suit the curve of the cartilage. Use the voice as a test, and by alternately removing and replacing the cards, note the improvement caused by their presence.

* Medical and Surgical Reporter, Phila., Feb. 14th, 1880.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAS. H. HUTCHINSON.

REPORTED BY GEO. F. SOUWERS, M.D.

Two Cases of Paralysis.

I have, gentlemen, to present to your notice this morning two interesting cases of paralysis, both patients being women. In one case syphilis would seem to be the exciting cause, while in the other degenerative conditions of the brain and spinal cord would seem to be the root of the trouble.

The first case to which I shall direct your attention is that of J. W., aged twenty-four, married. Her father died of some acute disorder; her mother is living and healthy. The patient commenced to menstruate when seventeen years of age, and has since been regular. She has had two children, and is now four months advanced in pregnancy; her first child was perfectly healthy at birth; the second had, and still has, sore eyes. About four months before the birth of her second child she commenced to lose the power of motion in the right leg; the limb became heavy and was dragged after her; paralysis, however, was never

complete, and she can now, and has always been able to, walk. There has never been loss of sensation.

About a year after the first invasion of the disease she noticed that the arm on the right side was beginning to lose its power of extension, but as with the leg, there was no loss of sensation; her face on the right side gradually became involved in the disease, as you now see it. The tongue, on protrusion, is strongly deflected to the right side, the healthy muscles on the left of the organ thrusting it toward the paralyzed side. She tells us that she likewise had difficulty in her speech; not that she has any trouble in remembering words, as in amnesin, but in pronouncing them. You notice, when I ask her to speak, the peculiarly thick articulation. When I attempt to extend the hand and fingers I find some difficulty in doing so; they are, as you see, contracted. The foot and toes are turned strongly inward, and there is great difficulty experienced in attempting to evert them. On closer examination I find a cardiac murmur; this murmur is systolic, is neither loud nor rough, and is most distinct over the apex of the heart. It betokens, from its character, mitral regurgitation; there is no evidence of degeneration of the walls of the heart.

Having detailed to you all the symptoms, it is now necessary to see whether or not we can discover their cause, in order that the proper treatment may be pursued. In the first place, it is most probable that we have to deal either with a syphilitic trouble or with an embolus (and its results) of the cerebral arteries. When I first discovered the cardiac murmur, I rather hastily concluded that an embolus, which is nothing but a clot or vegetation from the valves of the heart, had been swept into the circulation, and had occluded one of the cerebral arteries; but this diagnosis is not tenable, for in cerebral embolism there is sudden loss of power, the patient falls as if shot, and all the manifestations of the disorder present themselves at once. Further, you remember that the paralysis of the arm and face appeared long after that of the lower limbs, and it is hardly likely that a second and a third embolus would find their way to almost exactly the same part of the brain as the first. There has been here no history of an apoplectic attack, no sudden loss of consciousness, and no sudden occurring paralysis; had there been these we should have been justified in suspecting the occurrence of embolism, or of effusion of blood. It is manifest that there is some long continued irritation going on at the seat of the injury, and some degeneration, probably, in the spinal cord, the trouble, as the patient tells us, having now existed for nearly two years.

There is in the brain a fissure known as the fissure of Rolando; in the convolutions adjacent to this fissure are certain centers governing the innervation of the leg, arm and face. I am inclined to think that a degenerative process or growth, probably syphilitic in character, involving first the leg centre, and gradually implicating the other centres, is present in this case. I incline to this opinion for these reasons: There is no other disease in young persons likely to cause such a train of symptoms; there is no other disease or tumor which would have run such a prolonged course. It is not likely that the symptoms are due to an abscess involving these parts, since there has been no history of a blow or other injury to the head, and no rigors have at any time been present. Taking all these facts into consideration, and her improvement under the treatment which has been pursued since her admission to the Hospital, I think we are warranted, despite the denial of a syphilitic history, either in herself or her husband, in concluding that the trouble is specific in character. With this idea in view, she was, on admission, placed upon potass. iod., gr. x, three times a day; this was gradually increased to gr. xx, three times a day; this treatment may be pushed till from ʒss to ʒj, t.d., is given; in cases of aneurism, this latter quantity has frequently been administered in this house. On account of her anæmic condition, twenty-five drops of the tinct. of the chloride of iron, in water, have been administered to her three times a day. There is not and has not been any appearance of choked disc in this case; I am inclined to think that this symptom is more apt to be present when the tumor is situated in the cerebellum, or low down near the base of the brain, than when it is situated at or near the circumference of the organ.

In the case which has just occupied our attention we have seen that syphilitic changes or degenerations were the cause of the patient's paralysis. I shall now bring before you another case of paralysis, in which hysteria was at first supposed to be at the root of the patient's trouble, but the case having been studied closer, leaves no doubt upon the mind that something far more serious than hysteria is to be dealt with. The woman is a widow, 56 years of age, by birth an American. She was first admitted to the Hospital early last spring, suffering at that time with what seemed to be gastric vertigo. Everything that the patient ate, with the exception of rice, was vomited. At this time she experienced considerable difficulty in walking. Her history, taken at this time, showed that she had no hereditary tendency to disease, so far as she was aware; while there were suspicious scars scattered over the body, she denied ever having had syphilis. She had never had any children, so we cannot use their condition as any evidence as to the truth of her statements. The symptoms under which she was suffering at the time of her admission gradually disappeared under treatment. Everything seemed to be promising a favorable termination to the case, and she was discharged relieved. This improvement continued until October, when, upon attempting to rise from her bed, one morning, she found that the left side of the body was completely paralyzed, the muscles of the face also being affected. This paralysis, you notice, was not gradually developed, but came on suddenly.

She was readmitted to the Hospital, November 17th. From the fact that she was readily affected to tears, and that these outbursts followed each other at short intervals, it was at first supposed that the affection was purely hysterical in character. Further study has, however, convinced me that this was a mistaken supposition. One of the principal reasons for discarding this supposition, aside from the fact of the long continuance of the paralyzed condition, was the marked

condition of tendon reflex present in the case—this is characteristic. When the tendon of the quadriceps extensor of the left side is struck just below the patella, the foot flies up, and this action is repeated some three or four times in rapid succession, while on the apparently unaffected right side the tendon reflex is slightly more than normal, yet it is not nearly so marked as on the paralyzed side.

In typical cases this action may be seen in the extensor tendons of the fingers. If these are struck just over the metacarpal bones, the fingers will be found to respond in the same manner as when the ligamentum patellæ is struck. This hyper-action, if we may so call it, is markedly present in this case, the tendons rapidly responding to the slightest pressure or blow. An ophthalmoscopic examination of this case shows some changes going on in the eye ground; in fact, there is commencing optic atrophy. None of these conditions or changes would be present in simple hysteria. I am rather inclined to think that the degenerative changes that have taken place are situated nearly in the same part of the brain as in the case last before us, and that the corpus striatum of the right side is also involved. In addition, we probably have some changes going on in the spinal cord. As to the exciting cause of all the trouble, there has probably been some degeneration in the vessels of the brain, permitting the effusion of blood; of course, we have no absolute proof of this state of affairs, but this would seem to be the most probable condition. As to treatment, for a long time she has been on large doses of potass. iod., as an alterative; small doses of the bichloride have also been administered; under this treatment, combined with rest and good diet, she has improved very decidedly. I do not think that it would be well to employ the battery in this case, as the changes partake of an inflammatory character, experience having shown us that in such cases electricity is rarely of any service.

Editorial Department.

Periscope.

Treatment of Laryngismus Stridulus.

W. H. Day, M.D., physician to the Samaritan Hospital for Women and Children, writes, in the *Medical Press and Circular*, Feb. 11th, 1880—

The first indications are to remove all exciting causes. If the bowels are disordered they should be set right as soon as possible by proper aperients, and healthy digestion promoted. If the child has taken a heavy meal, or indigestible food, an emetic may be advisable; and should the gums be swollen, and dentition appear to invite the complaint, they ought to be scarified. The child should occupy an airy apartment, and noise and excitement be precluded. If seen during the paroxysm it should be kept in an upright position, and the windows opened, so that it may be encouraged to breathe. In severe cases, especially if a convulsion threaten, it may be immersed in a warm bath, while cold water is sprinkled at the same time over the face. Dr. Morley Rooke recorded a case of laryngismus stridulus in a child nine months old, where occlusion of the larynx during the fit produced symptoms like those of "a recently drowned person." The little patient "showed no sign of life" when first seen in the seizure; the lips were blue and swollen, the face a livid gray, and the eyes half closed and glassy. Dr. Rooke thrust his finger between the teeth to the fauces, when the child gave a short heave and a gasp; on repeating the movement inspiration took place, and in a few more seconds breathing ensued. On two more occasions, when occlusion of the larynx was equally severe, a similar manœuvre brought round the child. This is a mode of treatment well worth bearing in mind when the child threatens to die from spasm of the glottis. The cure was completed by bromide of potassium, which was taken for eleven months. Dr. Wardell also points out the beneficial effect of "rotating the finger in the throat" in these cases; it induces an attempt to vomit, when the laryngeal muscles become relaxed, and air is admitted into the trachea. He says it is the first thing to be done, and he has seen it succeed when death seemed imminent." In extreme cases, where death threatens from asphyxia, the operation of tracheotomy should be employed. The inhalation of chloroform has been recommended in some cases, but then its influence soon passes off, and it cannot be said to have any curative effect. When there is much restlessness, and the child can obtain no sleep, the excitability of the nervous centres must be calmed, and for this purpose small doses of morphia may be cautiously employed. In the intervals of the seizures the bowels must be kept freely open, so as to remove all sources of irritation that might sympathetically excite spasm.

Among the chief drugs are belladonna, in the form of extract or tincture, which sometimes has the effect of diminishing the glottic spasm, but in most cases it fails altogether. Bromide of potassium is very serviceable given with citrate of potassium, sal volatile, or quinine, according to the peculiarities of each case. Carbonate of ammonia, henbane, bark, and mild preparations of iron, as the ammonio-citrate, or the syrup of the iodide, are remedies to be selected. If the child is strumous and rickety, or in any way delicate, cod-liver oil is invaluable. It is a remedy which ought to be persevered with, as by improving the general health we may so keep off the disease.

Diet is of great importance, and, when carefully selected, the disease may disappear without drugs. If the child is fed at the breast, it is

sometimes advisable to change the nurse or to give cow's or ass's milk. If older the food must be light and nutritious, and given frequently, in small quantities. The clothing should be warm, and if the child is not too ill, he ought to be taken out in the open air daily.

The Removal of Intra-uterine Growths.

J. Matthews Duncan, M.D., physician, accoucheur and lecturer on midwifery at St. Bartholomew's Hospital, says, in a lecture published in the *Medical Times and Gazette*, February 7th, 1880—

The best method of dilatation is by means of tangle tents. Sponge tents are often used; I prefer the tangle, meantime, at least. You must have a tangle tent at least three inches long, because, as actually happened in a case which I mentioned in a former lecture, where there was a little intra-uterine mucous polypus in an expanded uterus, the tangle tent may slip right into the uterus and become lost there, owing to its being too short. A uterus which is much hypertrophied may require even a longer tent than one of three inches to open it thoroughly.

Let us suppose that you have completed the dilatation; you have next to introduce your finger into the cavity so as to touch the fundus, and for this purpose you will probably require to hold or pull down the cervix with a vulsella, upon your finger, in the same way as you pull a glove on a finger. In one case, which I read to you in a former lecture, we could not in this way arrive at a diagnosis, because the finger was not long enough to reach a mucous polypus, which was discovered only after the death of the patient, that took place from another disease altogether. In that case the cervix uteri was pulled down upon the finger as far as was possible, and yet the polypus was not reached. The uterus from os tincæ to fundus was four inches and a half long. Had it been a matter of extreme urgency to complete the diagnosis, the only way open to us would have been to push the fundus uteri down upon the finger from above, as in bimanual examination. In this manner I might have managed a case in which it was of importance to complete the examination. This method was not successful in the case just referred to. It was tried.

It is quite easy to understand this difficulty when you are looking for a small mucous polypus high up in a womb which is occupied by a fibrous tumor. Polypi of this kind, growing in spaces left uncompressed by a fibrous tumor, are not rare, and I have seen great good result from their removal; but in many such cases it is mechanically impossible by any known means to reach the polypus so as to diagnosis or treat it.

I now come to speak of the treatment, and I recommend you to trust in "avulsion." Do not first separate the tumor and then take it off, but use avulsion, doing the two parts of the operation simultaneously. In the great majority of cases nothing else is required. You seize the little tumor, as many of you have repeatedly seen me do in "Martha," with a vulsella, and with a slight amount of rotation pull it out; it is, if a fibroid, enucleated by the violence. Of course, if it is a fibroid and already partially enucleated, it comes away with no difficulty; but even if it is covered with a thin capsule, by seizing it you can get it away without much trouble. If you should require any cutting, I recommend you to use a pair of curved scissors, though this is very seldom necessary in the case of a fibroid. In the case of a soft mucous tumor which is not a polypus the process of removal resolves itself, involuntarily on your part, into one of torsion and pulling away. You seize the tumor with a pair of uterine dressing forceps, and pull it off just as you would pull off a nasal polypus. In both sets of cases the process is essentially one of avulsion. In the case of adherent placental masses you peel off with your nail or with the tip of your finger.

I have treated a large number of these cases, but have never resorted to any means other than those above mentioned. Were I to do so I should throw a wire round the neck of the tumor and burn it off with a galvano-caustic apparatus. I have no particular objection to the écraseur, but I think the other is the nicer operation, and by it you have security against bleeding if you do not cut off the growth too quickly.

Treatment of Venereal Diseases.

Dr. Gamberini, in the *Giornale delle Malattie Veneree e della Pelle*, Fascic. IV, 1879, condemns the use of balsamic drugs and of injections in gonorrhœa. He thinks that the use of these is one cause of the prolonged duration of the disease in some cases. The affection, according to Gamberini, should be treated as an ordinary inflammation, by ordinary means, especially by purging. He gives a pill composed of gamboge and extract of henbane three times a day. The effect of this is usually three or four evacuations, and the number of pills should be regulated so as to produce three or four actions every day. Emollient drinks, rest, and simple diet are the only other means necessary. Under this treatment, patients were in hospital twenty days on an average. Equally good results followed in private practice. When epididymitis appears, frequent bathing with cold water or lead lotion is recommended. When pain is intense, extract of belladonna should be applied locally; tepid or cold poultices are also of value. When the testis is compressed by fluid in the tunica vaginalis, puncture with a lancet gives relief. After puncture, the temperature not unfrequently rises to 40° C., (104 F.) the same night, but this rise of temperature is rarely repeated. Ten cases of left epididymitis gave an average of thirty-five days' stay in hospital; while fifteen cases where the right epididymis was involved gave an average of only twenty days. The author is unable to account for this difference. *Gonorrhœal Arthritis.*—When the disease is acute, general and local antiphlogistic treatment is indicated; when chronic, hydrochlorate of baryta, and repeated subcutaneous injections of tepid water generally do good. Quinine and salicylate of soda are useless in true gonorrhœal arthritis. *Soft Chancres.*—Iodoform in glycerine (8 to 40) is the best application. When the sores are tor-

pid, powdered iodoform alone should be applied. *Indurated Sores.*—Gamberini has noticed that these are usually of longer duration in the female than in the male. *Mucous Patches.*—These lesions should be treated by the continuous application of lint soaked in cold water, and repeated painting with carbolic acid, pure or diluted, according to the amount of hyperæmia present.

The Treatment of Syphilis.

In a paper read before the Los Angeles County Medical Association, November 7th, 1879, and published in the *Pacific Medical and Surgical Journal*, December, 1879, Walter Lindley, M.D., thus describes the plan which he has adopted and practiced for many years:—

When a patient comes to me with a well marked syphilitic chancre and bubo, I tell him distinctly that I will not undertake to cure him unless he will remain under my treatment for one year. If he consents, I prescribe—

℞. Iodoform, ʒj
Mucilage,
Glycerine, āā gtt.x
Oil of peppermint, gtt.j. M.

Make into a paste and apply to the chancre after washing, night and morning. This combination disguises the offensive odor of the iodoform.

For the bubo I usually prescribe iodine for paint, but doubt whether it is of much advantage.

Internally I give—

℞. Pil. hydrarg., gr.iss
Quiniæ sulph., gr.ss. M.
Ft. pil.

Sig.—Take one three times daily.

If the patient is in the secondary stage, I give a mixture, as follows:—

℞. Hydrarg. chlor. corros., gr.ij
Pot. iodidi,
Pot. chloratis, āā ℥iiss
Syrup sarsaparillæ comp., ℥iv. M.

Sig.—Take one teaspoonful three times daily.

Substituting comp. tinct. cinchona for sarsaparilla in atonic cases.

In the tertiary stages I increase the quantity of iodide of potassium, but adhere to the mixed treatment.

In the first of my practice, when I was in charge of the out-door surgical clinic, Brooklyn Eastern District Hospital, I often had cases of marked tertiary syphilis on whom I would first try the much-vaunted large doses of iodide of potassium. The patient would improve for awhile and then stop. I would add corrosive sublimate, and the change would be wonderful. He would gain in flesh and strength, and soon be free of pain.

Some advocates of the iodide treatment say that about one-sixth of the tertiary cases need mercury.

As corrosive sublimate is known to produce red blood corpuscles, to act really as a tonic, it is, in my opinion, the safer plan to always combine it, or some other form of mercury, with the iodides in the treatment of syphilis. In all forms of syphilis, primary, secondary or tertiary, I continue mercurial or mixed treatment for at least one year.

Toothache as a Cause of Paralysis.

T. H. Parramore, D.D.S., of Hampton, Va., writes, in the *American Journal of Dental Science*, February, 1880—

No writer that I remember having read mentions paralysis as one of the effects of toothache, and speaks of its cure being effected by the removal of the offending member. I met with a case of this kind a short time ago, and thinking it might be of interest to your readers, determined to report it.

Mrs. M., aged thirty, of sanguine temperament and good health, sent for me to extract her teeth. Upon looking into her mouth I found she had lost several teeth, and her mouth was in such a condition as to necessitate the removal of all her upper and several of her lower teeth. My question elicited the following information with regard to her case: Whenever she had toothache she suffered terribly from what she called "cramp" of the right arm and side, stating that her arm was frequently drawn up behind her back further than she could possibly reach by her utmost exertion. This condition would continue for several hours, when this side of her body (from her neck nearly to her hips) would become paralyzed, and had at one time continued paralyzed for six weeks; but had never failed to be relieved by the extraction of the aching tooth. She has never borne children, but has had several abortions. Her husband is still living. I found the extraction of each of her teeth followed by rigidity of the muscles of her right arm (described by her as "cramp"); this soon passed off and was followed by a pricking sensation, which she described by saying her arm and hand were "asleep," showing a decided tendency to paralysis of the brachial plexus. In conversation with a physician of over forty years' experience in active practice, I mentioned this case, when he informed me that he had met with three similar cases, and each had resisted all his efforts to effect a cure until he extracted all decayed teeth and roots, when, in each instance the paralysis was relieved in a very short time.

Treatment of Rheumatism by Iodide of Potassium and Opium.

G. K. Barton, M.D., in a communication to the *Lancet*, of February 14, 1880, says—

I have been in the habit of using, both at home and abroad, iodide of potassium in large doses—five to twenty grains every three hours, with ten grains of Dover's powder at night. I have pursued this practice for at least thirty years—*i. e.*, since the remedy was first introduced, and have treated many hundred cases on this system without disappointment or failure, and generally the treatment only lasts a week or ten days, even in acute articular rheumatism. I have a case now just recovered, of articular rheumatism in the shoulders, elbows, knees, ankles, &c., which under this treatment was convalescent in a week. Mustard plasters, if applied the first day the pain

is felt, will stop rheumatism at once, without medicine; where mustard fails, blisters may be used. In a late case of very severe rheumatism in the joints, I found cold water was the only thing which gave relief, locally applied.

In rheumatic inflammation there is a deposit of lymph into the joints and tissues, which, if not removed speedily, becomes hard and organized, causing severe pain by its pressure. Iodide of potassium has the power of removing this deposit by absorption, and is, to my mind, the most scientific and appropriate remedy that can be used. It has the great advantage of not exposing the person taking it to cold, which the old calomel and opium treatment did, by opening the pores of the skin.

Another remedy which seems much neglected nowadays is opium, which possesses very great power in subduing inflammation.

If iodide of potassium in large doses can cure rheumatism in a week, why resort to doubtful and dangerous remedies, merely because they are new?

Another advantage of this treatment is that complications seldom follow. In fact, I have seldom seen it occur when this remedy has been freely used in the beginning of the disease.

The Therapeutic Value of Pulsatilla.

Dr. James I. Tucker, of Chicago, in a communication to the Chicago *Medical Gazette*, Feb. 5, 1880, says—

Pulsatilla is rapidly growing in favor with many practitioners. Though a very old remedy, having been known to Dioscorides and Pliny, it fell into disuse, if not into disrepute, and was not reinstated till about the beginning of the present century. I have used pulsatilla mainly in simple dysmenorrhœa, and here it has proved of decided utility. Its scope is, however, doubtless much wider. A very prominent lawyer of this city told me, not long since, that after trying the bromides, the valerianates and other remedies of repute for the headaches caused by excessive mental application, he found no relief till he made use of the tincture of pulsatilla. He is now never without it, and uses no other medicine for the cure of his headaches, which I know to be very severe. No such powers are attributed to it in the books to which I have access. This is an exceptional case, it may be, but it is a valid one.

The tincture of pulsatilla should be made from the fresh plant, and given with caution. The dose is from three to ten drops.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Medical Annals," is the title of a journal issued by the Medical Society of the County of Albany, N. Y., intended to embrace its Proceedings.

——The *Arkansas Medical Monthly* is announced, Dr. Jonathan J. Jones, editor, Little Rock, Arkansas. He says in his circular, that it will be "the only medical journal between St. Louis and the Gulf of Mexico;" but in this statement he has overlooked Dr. Dowell's *Texas Medical Journal*, published at Galveston.

——Two papers from the fourth annual report of the State Board of Health of Wisconsin deserve the close attention of educators. One is by Dr. J. T. Reeve, of Appleton, on "Our Public Schools in their Relation to the Health of Pupils;" and the other, by Prof. T. W. Chittenden, is entitled, "Our School Houses." Both are written from the most recent points of view of sanitary science.

——We acknowledge, from Asa K. Butts, publisher, New York city, a series of recent pamphlets on scientific, religious and social subjects: "An Essay on the Bible Narrative of Creation," by A. R. Grote; "Government," by Charles Moran; "Geometrical Lines in Music," by J. L. Rice; "The Religion of Humanity," etc. Mr. Butts' publications all represent the "extreme left" in the Congress of writers.

——Stoddart's *Review*, the first number of which is before us, is a weekly, published by J. M. Stoddart & Co., 727 Chestnut street, Philadelphia. It is intended to cater to the tastes of the more cultured and critical class of readers, and to occupy itself with "the graver aspects of thought and the elucidation of problems which intimately concern the welfare of humanity." It should achieve a marked success, and we trust it will do so.

——A note on the chemistry of the sulphocarbolates, in a reprint by Dr. David Cerna, reaches these conclusions:—

1. The sulpho-carbolates possess toxical properties for cold-blooded animals.

2. In warm-blooded animals these salts are innocuous.

3. Baumann's assertion of the soluble sulphates acting as a chemical antidote in phenic acid poisoning cannot, so far, be accepted as a true one.

——A careful monograph on the vomiting and nausea of pregnancy has recently appeared, by Dr. Eugenio Barbiglia, of Naples (*Vomito nella gravidanza*, Napoli, 1880, pp. 48), an author already favorably known by other contributions to medical literature. He examines in detail the pathology, diagnosis, symptoms and treatment of this condition. His conclusion is that certain cases resist all hitherto discovered remedial means, and fully justify artificial abortion. His review of the therapeutics of the disease is very complete. We observe that on

page 37 he recommends arsenic in small doses, with the observation that he has not found it mentioned in any obstetrical author. It is, however, mentioned by Dr. Atkinson (*Therapeutics of Gynecology and Obstetrics*, p. 257), and with commendation, as a frequently efficient means.

——In a monograph entitled *Memoria sobre las relaciones que hay entre la circulacion y la calorificacion en las enfermedades*, Dr. Ignacio Alvarado, of Mexico, discusses, in a thorough and systematic manner, the relations which exist between the circulation and calorification, both in health and in disease, and their practical interest to the physician as constituting a new means of clinical investigation. Having determined the relation between the number of pulsations and the temperature in the physiological state, he proceeds to show how this relation becomes altered in pathological states, and points out the prognostic value of the deviation. From numerous observations made on yellow fever patients at Vera Cruz, it appears that certain relations are favorable toward recovery, while others point with almost certainty to a fatal termination of the disease. Believing that this system, which is both ingenious and simple, may be of great utility in the study of any disease in which there is any appreciable change of temperature, we propose, shortly, to give our readers an abstract thereof.

BOOK NOTICES.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.S., Professor of the Principles and Practice of Medicine in University College, London; with notes and additions by Henry Hartshorn, A.M., M.D., late Professor of Hygiene in the University of Pennsylvania. In three volumes. Philadelphia: Henry C. Lea. 1879. Vol. i and vol. ii, 8vo, pp. 1127 and 935 respectively. Price per volume, in cloth, $5.00; in leather, $6.00.

The aim of the editor of this work has been to present, within a small compass, the result of the collaboration of the leading minds of the profession in Great Britain. With this object in view, each subject has been treated by some gentleman who is regarded as its highest authority. The large size and high price of the British edition having kept it beyond the reach of many practitioners in this country who desire to possess it, an American edition has been undertaken, in which the five volumes of 5000 pages of the original will, by the use of smaller type, be compressed into three volumes of about 3000 pages. In order to render the present edition more useful to the American practitioner, it has been deemed necessary to make such additions as the ever increasing knowledge in medical science and the importance in this country of certain, in England, comparatively unimportant diseases, seem to warrant. These additions have been supplied by Henry Hartshorn, M.D., of Philadelphia, and are marked by brackets, and signed [H.]; but nowhere has the original text of the articles in the English edition been altered. The two first volumes are now ready, and the third, we are informed, will shortly be out. Vol. I treats of general diseases and diseases of the nervous system.

The articles on foreign diseases and such as are of rare occurrence in Great Britain, have all been written by gentlemen who, during a prolonged residence in countries where they are indigenous, have had ample opportunities for studying their nature, and becoming acquainted with the most successful mode of treatment. Thus we have yellow fever by John Denis Macdonald, F.R.S., Staff Surgeon to H. M. S. "Victory;" malarial fevers, dysentery and sunstroke, by Prof. W. C. Maclean, M.D., late of the Indian Medical Service; cholera, by Edward Goodeve, M.B., Department Inspector General of Hospitals, H. M. Bengal Army, etc. In the treatment of dysentery we notice that the author relies principally on ipecacuanha in large doses (℈j–℈ij). He states that under the old system in Bengal the mortality among Europeans during the forty-two years from 1812 to 1853-54 amounted to 88.2 in the thousand, while during 1860, when large doses of ipecacuanha were given, to the almost complete exclusion of all other methods of cure, the mortality was 28.87 in the thousand. In the Madras presidency the mortality from the disease fell from 71 to 13.5 per thousand treated, after the treatment by ipecacuanha was introduced. The article on constitutional syphilis is by Jonathan Hutchinson, F.R.C.S.; that on insanity by Henry Maudsley, M.D., F.R.C.P., etc. Volume II treats of diseases of the respiratory and circulatory systems. Here we find diseases of the larynx, by Morell Mackenzie, M.D.; emphysema, by Sir William Jenger, Bart., M.D.; phthisis pulmonalis, by J. Hughes Bennett, M.D., etc. The manner in which this work has been produced unquestionably renders it one of the most complete and thorough treatises on medicine, and invaluable to the practitioner as a book of reference. It is gotten up in the usual elegant style of the publishers.

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THE SANITARY EVILS OF POVERTY.

Dr. Johnson once said: "If health without wealth is worth little, wealth without health is worth nothing." Like many of the sayings of the great dogmatist, this one is far from a fair statement of the case. Every physician knows how tenaciously permanent invalids cling to life and the hope of living, and how glad they are to exist on any terms. That wealth often gives them the means of so doing, when poverty would certainly lead to quick death, is obvious in numerous cases. The care, the diet, the rich wine and chosen food, which keep the invalid alive, all cost money, and often much money; without the cash he dies.

All doctors know how unsatisfactory it is to treat poor patients. They cannot afford to pay for the medicines, the nursing, the alimentation, the airy rooms, the change of air, the quiet and the attendance they imperatively require to put all the chances in their favor. More than this, they fall sick oftener than the well-to-do. As children, they live in stinking alleys, they sleep in close, noisy, crowded, unventilated rooms; they are fed on coarse food, watered and sour milk, and are subject to suffering from the ignorance and folly of uneducated parents; their clothing is insufficient, and they have not the opportunities of cleanliness. As they grow in years, their exposure is not lessened: they have to follow unhealthy trades, to work when they ought to be resting, and often to eat what is not palatable nor healthful.

These are the inevitable curses of poverty. We need hardly mention the vices to which it is prone; its tendency to drive men to drunkenness, in order to give them a delusive respite from their hard fate; the discouragement which is associated with its long continuance; the temptation which it lays in the way of women; the recklessness and improvidence which its constant pressure fosters. All these surely follow in its wake.

How terribly the necessary and accessory evils of poverty tell on public mortality few appreciate. Some striking statistics were collected to illustrate it, last year, by Dr. C. R. DRYSDALE, of London, and they give food for sad reflection to the political economist, the sanitarian, and the philanthropist. He showed forcibly how great is the advantage of wealth, or, at least, competence, and how hard a thing is poverty. He stated that in London there are large quarters of wealthy persons living in high-rented houses, where the death rate does not much exceed 11 per 1000; whereas, in London, even, there are said to be localities where, from year to year, the mortality is as high as 50 per 1000. The death rate for the families of the rich in London was compared with that of the poor, in 1843, by the Sanitary Commission charged with that inquiry, and it was estimated by that report that, while the mean lifetime of the richer classes in London was 44 years, that of the poorer classes was about 22. The same thing has been found in Paris, where the death rate among men over forty and under forty-five is found to be 8.3 per 1000, when in easy circumstances, and 18.7 per 1000 when in the poorer classes. Between 1817 and 1836 one

inhabitant in 15 died in the 12th arrondissement of Paris, peopled by the poor, as against 1 in 65 in the second arrondissement, or rich quarters. Still more recent statistics of a London assurance office show that while the death rate in the first years of life among the gentry, nobility, and professionalists is 80 per 1000; this rises to 150, 188, and even to 330 and 500 per 1000 in Liverpool, in the slums of Manchester and Glasgow, and of Berlin. It has been calculated that 142,000 persons in England and Wales alone die yearly, who would have survived had their circumstances been easy.

Such statistics cannot be explained on any single theory, that of intemperance, for example. They extend over all the civilized world, and are dependent upon the general fact of poverty.

As with a birth rate of 36 to 40 per thousand against a death rate of say 20 per thousand, the crowding of the older nations is increasing formidably every year, the evils of poverty will in all probability become exaggerated as time progresses. There is ample evidence that unless we can reduce poverty we cannot practically ameliorate the health of the poor. It is out of the question to expect much from the popular schemes of drainage and cleansing of towns, toward lowering the death rate, so long as indigence remains a common feature of society. The death rate of England and Wales, for instance, as Dr. FERGUS remarked in a paper published last year, has remained stationary for the three decades ending in 1871, and the same fact holds good for the mortality of London, which usually was about an average of that of England and Wales.

In new countries, such as New Zealand, Australia and the United States, poverty is little felt, or rather it scarcely exists outside of the great cities. Measured, as it should be, by the food supply, it is insignificant as compared with its hideous forms in Europe and Asia; but our exemption is temporary only; we cannot hope that it will continue many generations; and if any alleviation is to be applied, if any remedy is to be discovered, it must be soon, or the malady will be beyond our control.

THE MEDICAL PART OF THE NEW ENGLISH DICTIONARY.

It may not be known to many of our readers that for a number of years the English Philological Society has been preparing a Dictionary of the English language, which is to be as complete as it is possible to make it, in the nature of things. The general editor is Dr. MURRAY, Mill Hill, London, N. W. A number of readers have been obtained in England and this country, whose task it is to read certain works and authors, and make quotations, not merely of uncommon words, but of the use of common words in apt connections. The Dictionary is to embrace all the words of the language, obsolete, dialectic and technical. The nomenclature of modern science is not to be overlooked, and it is to interest intelligent physicians in this subject, and to suggest to such as have the time and taste to become readers, that we speak of it at this time. They may obtain full particulars by communicating with Prof. MARSH, Lafayette College, Easton, Penna.

The interest and importance which attach to such study may be seen from a lately published list of words circulated by the Society. These lists are of verbal *desiderata* discovered in the course of arranging and working up the materials already in hand. They are classed under three heads: **A.** Words, or alleged words, for which the Society has *no quotations*, or not more than *one*, and for which they ask *instances of any age* and from any writer; **B.** Words (mostly, but not all, *obsolete*) with a date annexed, being that of the *latest* quotation found; for these, readers are asked to supply, if possible, LATER INSTANCES; **C.** Words (actually or comparatively *recent*) with a date annexed, being that of the *earliest* quotation in our hands; for these they ask readers to send, when possible, EARLIER INSTANCES.

Many of these words are medical, and often one is surprised to find them in the classes referred to. Thus, no instance whatever has been reported of the words *abortient*, *acaleph*, *acataleptic*, *acetose*, *acetometer*, *achromatism*, *acromial*, *acromion*, *actinograph*, *adenalgia*, *adenoid*, etc.; while only one instance has been reported

of the use of *acatastasis*, *acidulent*, and even *adeps*.

In the second class, no later instance has been reported of the noun *abort*, than in the year 1651; of *acatalepsy* than 1751; of *acuity* than 1633; etc. Of the following words no earlier instance has been found of their use than in the year appended; *abdomen*, 1601; *abdominal*, 1746; *abductor*, 1872; *abnormal*, 1840; *absinth*, 1854; *absorbent*, 1794; *acclimation*, 1859; *accouchement*, 1859; *accouchcur*, 1845; *accouchcuse*, 1867; *acoustics*, 1824; *acridity*, 1859; *acupressure*, 1865; *adductor*, 1828; *adipocere*, 1820; etc.

From an inspection of these lists, we are inclined to believe that medical readers have not been very numerous; and that a perusal of the medical works of the earlier part of this and latter part of last century would yield a large return. In the learned profession to which we belong there should be no lack of readers willing to undertake the labor of preparing its lexicography.

Notes and Comments.

Therapeutical Notes.

CHLORAL IN THE VOMITING OF PREGNANCY.

Dr. Hertsberg, of the Berlin Charité, in *Berlin Klin. Woch.*, December 8, 1879, calls attention to the great efficacy of chloral in vomiting in the early months of pregnancy. He always uses the following formula:—

℞.	Chloral hydratis,	gr. xviij
	Syr. aurant. cort.,	℥ iv
	Aquæ,	℥ iiss. M.

Sig.—Tablespoonful every two hours until vomiting stops.

REMEDIES IN NIGHT SWEATS OF PHTHISIS.

Dr. Köhnhorn states, in *Berliner Klin. Woch.*, January 5, 1880, that in two cases in which he had tried all other remedies in vain, he met with the most surprising success in treating the profuse night sweating of phthisis by means of the powder which is employed by the Military Medical Department of the War Minister for the treatment of sweating of the feet. This is composed of salicylic acid three, starch ten, and talc eighty-seven parts. The entire body is to be powdered with this in the evening, the patient protecting the mouth and nose by means of a handkerchief, lest the irritation from the salicylic acid might induce coughing. If the skin is very dry, the powder may be made to adhere to it by first rubbing it with fat bacon or spirits and tannin.

The *Medical Times and Gazette*, for February 7, 1880, informs us that Dr. Berkart, of the Victoria Park Hospital, found that the most efficacious and prompt means of treating night sweats consists in, after drying the surface, painting the whole trunk with a very strong aqueous solution of gum acacia. This dries in a few minutes, and the next morning the surface is washed with tepid water. A considerable reduction of temperature is produced.

NITRATE OF URANIUM IN THE TREATMENT OF DIABETES.

J. Y. Dale, M.D., of Lemont, Pa., writes to the Boston *Medical and Surgical Journal* that he has found nitrate of uranium, given in from one to two-grain doses, three times daily, to be an efficacious remedy in diabetes.

COTTON-LEAF TEA AS A GALACTAGOGUE.

Dr. Izett W. Anderson, of Jamaica, reports to the Obstetrical Society of London that he has found a tea prepared from the green leaves of the *Gossypium barbadense* to be an efficacious galactagogue.

The Treatment of Syphilitic Plantar and Palmar Psoriasis.

Dr. v. Sigmund, in *Wiener Med. Wochenschrift*, No. 41, 1879, recommends the daily application of a solution of bichloride of mercury in all syphilitic neoplasms of a secondary nature. When the solution is to be applied to parts where the skin is hard and thick he regards collodium as the best solvent; for application to more delicate parts, alcohol; and for mucous membranes he prefers ether.

In treating obstinate palmar and plantar psoriasis the parts should first be carefully cleansed and then painted over with sublimate-collodium (one part each of hydrarg. bichlor. and ol. lini to from 15 to 25 parts of collodium) every morning, and in the evening they should be thoroughly inuncted with white precipitate ointment (one part of hydrarg. ammonio-chloride to five parts of simple cerate). The indurations, fissures, and infiltrations in old and severe cases should be treated with local baths (2–5 per cent. solutions of carbolic acid or 5 per cent. solutions of chloride of sodium or potassium), zinc ointment and well fitted strips of mercurial plaster, before the more direct treatment is undertaken. In the absence of other indurations he considers con-

stitutional treatment unnecessary, especially if the patient has previously undergone a thorough mercurial course.

The Employment of Iron and Oxygen in the Treatment of Anæmia and Chlorosis.

We learn from the *Allgemeine Medicinische Central Zeitung*, December 6th, 1879, that Hayem and Regnauld have found, by numerous experiments, that the use of iron internally, in conjunction with oxygen by inhalation, is more efficacious in the treatment of anæmia and chlorosis than either of these alone. In a large number of cases, especially those of a dyspeptic nature, they were unable to see any improvement either in the manufacture of blood or in the general health, while using iron alone. The patients were then caused to inhale five quarts of oxygen twice daily. Under this treatment both appetite and digestion were greatly improved, but there was no increase in the number of red corpuscles in the blood, and as soon as the quantity of oxygen was diminished the patients would return to their former condition. Under the combined influence of both, however, the improvement was permanent, the red blood corpuscles becoming normal, both as regards quantity and quality.

Carcinoma of the Breast, Preceded by Eczema of the Nipple and Areola.

Mr. Henry Morris, in a paper read before the Royal Medical and Chirurgical Society, gave the clinical history and the description of the post-mortem examination of two cases in which eczema of the nipple and areola was followed by cancer of the breast, and subsequently by diffuse secondary deposits in the liver and other parts of the body. The author stated that hitherto no complete report of any similar cases had been published, although it was now five years since Sir James Paget first pointed out the connection between the two diseases. Both the cases now reported differed in some important features from Sir J. Paget's description, viz., in the extent of the so-called eczematous inflammation; in the length of time between the commencement of the eczema and the supervention of the cancer; in the continuity of morbid changes between the seat of the eczema and the cancerous mammary nodules; and in the age of the persons (always women) affected. The rarity of the cases in which cancer of the breast had supervened upon eczema of the nipple and areola was inferred from the fact that out of 305 cases of cancer or supposed cancer of the breast, which had been treated by the author in the cancer out-patient department of the Middlesex Hospital up to the end of 1878, these were the only two instances in which the association between the two diseases existed.

Marital Relations in Uterine Disease.

A factor in the etiology of uterine disease not always considered is the relation which the size and direction of the male organ assume in coition. An obstinate case of ulcerated os has been related to us by a medical friend, which resisted all treatment until the husband was directed to wear a large rubber-ring during the marital relations, thus preventing intromission beyond a certain extent. The subject was lately brought before the Berlin Gynecological Society by Dr. Löhlein. He narrated a case of injury to the urethra, causing intense pain and dread of coition, produced by an erroneous direction of the penile organ. Unusual size or length of the organ is no doubt a frequent source of irritation, and until met by appropriate measures, such cases are next to incurable.

Treatment of Chest Diseases by Petroleum.

Dr. Moubré, writing to the *Gazette des Hôpitaux*, gives his experience of petroleum capsules in simple and chronic bronchitis. This balsamic had been brought before the Therapeutic Society by Dr. Blache a year ago, at the instigation of a Paris chemist, who named it Gabian oil, in order to prevent public prejudice. Each capsule contains twenty-five centigrammes of pure petroleum, the ordinary oil not being used, as it has to be distilled in contact with sulphuric acid to render it fit for lighting purposes. At the Hospital Beaujon, where these capsules have been freely ordered for chronic bronchitis, a rapid diminution of the secretion and fits of coughing were observed. In tuberculosis this medicine gave encouraging results.

The Cure of Hernia by Injections.

This subject, which has been discussed by Dr. Warren in this journal, has also attracted much attention in Europe, although the processes differ in various respects. It is stated in the *Practitioner*, of March, from the *Proceedings* of the Moscow Surgical Society, that Dr. Sawostitsky has lately treated, with successful results, a case of inguinal hernia by injecting alcohol. The patient, aged 20, had a hernia on the right side, of about the size of half a hen's egg. The testicle was atrophied, and lay in front of the external

abdominal ring; it could be easily pushed into the cavity of the abdomen with the hernial protrusion. Dr. Sawostitsky, in the course of two months, made twelve injections of alcohol, according to the method recommended by Englisch. On the first occasion, only so much alcohol as would half fill a Pravaz syringe was injected, but on each of the other occasions a whole syringeful was used. The injection was employed after the atrophied testes with the loop of intestine had been replaced. At the time of writing, some weeks after the last injection, the course of the hernia appeared to be obliterated.

Correspondence.

Placenta Prævia.

Ed. Med. and Surg. Reporter:—

Noticing in a recent issue the history of a case of placenta prævia, occurring in a primipara, I thought perhaps the two cases I have met with might be of interest to your readers.

The first occurred in May, 1878. I was called in haste, one evening, and found the patient, a multipara, nearly exsanguined, and a quack in attendance. He was sitting down, awaiting developments, and was giving her powders of hamamelin every hour or two, on the ground that it was "good for bleedin." The charge of the case was given to me. After raising the foot of the bed about twelve inches, fixing it in that position, I examined, and found in the vagina a roll of cloth which still another physician had put in for a tampon, some two days before. It by no means filled the vagina, and the blood was escaping freely around it. The os uteri was dilated to about the size of a quarter of a dollar; the placenta was plainly felt above it. There was no pain. Ergot was given, and the placenta, the edge of which could be felt about two inches to the left of the os, was separated from the lower zone of the uterus. As the ergot seemed ineffectual, I applied one electrode of a small Gaiffe's battery to the os uteri and the other over the fundus. Within thirty seconds this was followed by a vigorous pain, expelling a handful of clots, after which the electrode over the fundus was removed for a moment. On reapplying it another pain came on instantly, expelling more clots. This was the end of the hemorrhage. The alternate application and removal of the electrode produced pains very much like those of natural labor, and by means of them the os dilated readily in about two hours, at which time I ruptured the membranes and found a presentation of the right shoulder. I delivered at once by version. A small portion of the placenta was adherent, and had to be removed. The child had evidently been dead some time, and was completely bloodless. The mother made a good recovery in about the usual time.

The second case occurred the following November. I was called to see it in consultation. The patient was a primipara, rather under size and not in very good health during her pregnancy; she had been bleeding more or less for a week or two, and was pretty thoroughly reduced. There was great uterine inertia, in spite of the usual oxytocics, which had been pretty freely given. The os was dilated to the size of a half dollar. Hemorrhage was not violent, but continuous. After separation of the placenta about the lower zone, during which process the edge could be felt about two inches to one side, and the application of the faradic current, the force of the pains was increased and the hemorrhage ceased. There was no further interference, except the use of the faradic current, and the child was delivered, still-born, in about ten hours from the time I first arrived. Although quinine had been freely given, as well as alcoholic stimulants, the patient became collapsed, and remained so for thirty-two hours, after which she slowly rallied. She subsequently had phlegmasia dolens, from the effects of which she has not yet recovered.

The estimated frequency of a given complication is no criterion of the chance a given practitioner runs of meeting that complication. According to the authorities placenta prævia occurs once in about five hundred and seventy three cases.* In a review of two thousand cases, extending over a period of forty years, Dr. James Ayer, states that he has seen but one case.† In a practice of two and a half years, with barely twenty-five cases, it has been my misfortune to see two, and those within a space of six months.

L. B. Tuckerman, M.D.

Austinburg, Ohio, Feb. 25, 1880.

* "Playfair's Midwifery," p. 350.

† "Med. and Surg. Journal," Boston, Dec. 18, 1879.

A Case of Early Viability.

Ed. Med. and Surg. Reporter:—

The thirtieth day of January last I was called to the neighboring town of North Hampton, to see Mrs. F., who desired me to determine the existence or non-existence of pregnancy. Mrs. F., was married November 13th, 1878. Since that time, "a pain in her left side," as she expressed it, which she has suffered from ever since menstrual life commenced, has increased very much. On account of this pain she consulted, about the 1st of January, 1879, Dr. Odell, of Greenland, who discovered a large fibroid tumor. Mrs. F. menstruated last, January 11th, 1879. She had intercourse with her husband Jan. 17th. The constantly increasing size of the abdomen led her, while hoping that conception had taken place, to fear the rapid growth of the tumor. When I saw her she told me that she had experienced no nausea, neither had she at any time felt any motion of a fœtus. She also stated that for two days she had been having a great deal of pain in the bowels. An examination with the stethoscope and by the touch showed that she was pregnant, and that labor had already commenced. On the 4th of February she was delivered of a male fœtus, the cord about its neck, and it, to all appearances, dead. Acting on impulse, I suppose, for what other reason I know not, unless from force of habit, I

instituted energetic measures for its resuscitation, alternately inflating the lungs and compressing the chest, until, after ten or fifteen minutes' continuous effort, I had the satisfaction of seeing the infant gasp, and soon had the pleasure of wrapping in soft cotton and putting into a cradle improvised for the occasion from a pasteboard box, a squalling specimen of the genus homo in embryo, weighing three pounds and three onnces. To-day, one week after birth, the little fellow appears as lively as babies generally, and takes the milk for babes so freely as to justify the hope that the meat of strong men may eventually be his portion.

It is the generally received opinion that the valve of Botali is incomplete previous to the seventh month, and, of course, cannot entirely cover the orifice of the foramen ovale, consequently the child cannot be viable; but I report this case to show that it may be possible for the valve to cover the orifice of the foramen before that time, and to urge the thought which will suggest itself to every conscientious physician, that before an apparently dead fœtus of six and a half, or even six, months is severed from the mother, every reasonable effort should be made for its resuscitation. CHAS. C. ODLIN, M.D.

Exeter, N. H., Feb. 12th, 1880.

Cases of Quadruplets.

ED. MED. AND SURG. RUPORTER:—

On Thursday and Friday, December 4, and 5, 1879, Mrs. Anson Doha, a German woman, living six miles southeast of this village, gave birth to four well-developed living female children. The first was delivered at 3 P.M., on Thursday; the second at 10 A.M., the third at 11 A.M., and the fourth at 12 M., on Friday. Very unfortunately, the mother died on Saturday, and, since the case was attended by an incompetent midwife, there is no means by which to ascertain the immediate cause of death; and for the same reason the arrangement of placenta and membranes is not known; consequently, the case, so far as the profession is concerned, can be little more than an obstetrical curiosity. At birth the four babies weighed twenty-five pounds, the maximum weight being seven and the minimum five pounds. There is no history of plural pregnancies in either family; one of her sisters has given birth to a pair of twins. Mrs. D. was married in 1870, and had given birth to five children before this quadruple birth.

On the second day of last month I visited the family for the first time; the four little orphans were all snugly ensconced in one common receptacle, a huge cradle, where they appeared as well contented as the average baby. Thus far they have been fed on cow's milk, and are quite as healthy as children usually are reared in that way.

Mr. Doha is a poor, hard-working farmer, who could not long sustain his infant family without aid; in view of this fact the Board of Supervisors of this (Mason) county have appropriated fifty dollars per month, to be used for paying nurses and other expenses; besides this, the curious visitors who almost continually throng the premises contribute quite liberally to their support. They are all well at this writing, and are entering upon their third month with as many chances in their favor as any children of their age. J. W. DOWNEY, M.D.

Topeka, Ill.

News and Miscellany.

COLLEGE COMMENCEMENTS.

Jefferson Medical College.

The commencement exercises were held in the Academy of Music, March 13th. Dr. E. P. Gardette, President of the Board of Trustees, conferred the degree of M.D. on 196 graduates, representing States as follows:

Pennsylvania	113	New Brunswick	2
New Jersey	11	Georgia	1
Virginia	7	Alabama	1
Ohio	7	California	1
Indiana	7	Mississippi	1
Illinois	6	Rhode Island	1
Massachusetts	4	Connecticut	1
North Carolina	4	Iowa	1
Texas	3	New York	1
West Virginia	3	Oregon	1
Kansas	3	Maine	1
Tennessee	2	Maryland	1
Kentucky	2	Nicaragua	1
Delaware	2	Canada	1
Arkansas	2	Japan	1
Missouri	2		
Brazil	2	Total	196

Prizes were awarded as follows:

1. A prize of $100, by Henry C. Lea, Esq., for the best thesis, to Robert P. M. Ames, of Massachusetts, with honorable mention of the theses of Vincent Z. Keeler, of Pennsylvania, Shunji Ono, of Japan, Cyrus Knecht, of Pennsylvania, J. A. Conwell, of Delaware, and Edwin Rosenthal, of Pennsylvania.

2. A prize of $50 for the best essay on a subject pertaining to surgery, to L. A. Haffey, of Pennsylvania; with honorable mention of the thesis of Charles R. Crandell, of Pennsylvania.

3. A prize of $50 for the best essay on a subject pertaining to physiology, to B. M. Yost, of Pennsylvania, with honorable mention of the theses of Amos W. Plummer, of Maine, Samuel E. Furey, of Pennsylvania, A. H. S. De Young, of Pennsylvania, and James R. Montgomery, of Pennsylvania.

4. A prize of $50 for the best Original Research in the Working Chemical Laboratory, to C. C. Davidson, of Pennsylvania; with honorable mention of the essay of John H. De Witt, of Illinois.

5. A prize of $50 for the best essay on a subject pertaining to the theory and practice of medicine, to J. C. Hubbard, of Massachusetts; with honorable mention of the thesis of Charles L. Mitchell, of Pennsylvania.

6. A prize of a case of clinical instruments, by Professor Bartholow, to Norris Cameron, for the best examination in materia medica and therapeutics.

7. A prize of a gold medal, by Dr. R. J. Levis,

for the best report of his surgical clinic at the Pennsylvania Hospital, to L. W. Steinbach, of Pennsylvania; with honorable mention of the reports of Charles Reed, of Pennsylvania, Edwin Rosenthal, of Pennsylvania, and Edmund W. Samuel, of Pennsylvania.

8. A prize of a gold medal, by Dr. Thomas G. Morton, for a report of his surgical clinic at the Pennsylvania Hospital, to Edwin Rosenthal, of Pennsylvania.

Professor Robert E. Rogers then delivered the valedictory address, at the conclusion of which a selection by Weber was performed by the orchestra, and the exercises terminated.

Medical Department of the University of Pennsylvania.

The Commencement was held at the Academy of Music, March 15th. The faculty and graduates wore the English university cap and gown, and presented a picturesque appearance. Rev. G. Dana Boardman opened the exercises with prayer, and subsequently the degree of Doctor of Medicine was conferred, by Provost Charles J. Stillé, LL.D., upon gentlemen from the following States:

Pennsylvania	68	Iowa	1
New Jersey	17	Massachusetts	1
New York	4	Tennessee	1
Delaware	2	Virginia	1
Maryland	2	New Brunswick	1
North Carolina	2	Japan	1
Ohio	2		
Minnesota	1	Total	104

Provost Stillé then conferred the degree of Doctor of Dental Surgery upon 21 graduates.

The honorary degree of Doctor of Laws was conferred upon Frederick Fraley, president of the American Philosophical Society, by Dr. Stillé.

The following prizes were announced for the Medical Department:—

Prize of $50, for the best thesis, to W. W. Joggard, B. A. Randall, G. H. Rose, John Whitehead.

Distinguished Merit, B. Berens, Jr., G. M. Christine, J. M. Edgar, J. D. Castillo, F. R. Neilson, E. Rousseau.

Honorable Mention, M. J. Holloran, J. J. Ramviez, E. W. Holmes, F. W. Hughes, W. R. Hoch, E. A. Sturgis.

Gold Medal of the Demonstrator of Anatomy (Dr. H. Lenox Hodge), to William W. Joggard, of Pennsylvania, with distinguished mention of John M. Edgar, of Pennsylvania.

Anomaly Anatomical Prize of the Demonstrator of Anatomy, to William E. Hughes, of Pennsylvania.

Gold Medal for the best report of the Clinical Lectures of Dr. Thomas G. Morton at the Pennsylvania Hospital, to Dr. John Moore.

Prize of the Demonstrator of Osteology, Dr. C. B. Nancrede, to Ralph W. Seiss, with distinguished mention of William H. Wills and honorable mention of S. J. Fort and John Palmer Jr.

Woman's Medical College.

The twenty-eighth annual commencement of the Woman's Medical College of Pennsylvania was held March 10th. The exercises were opened with prayer by Rev. Samuel Longfellow, and the degrees were conferred by T. Morris Perot, president of the corporators, upon the following graduates:—

Emma V. Boon, Elizabeth Howell Comly, Helena M. Davis, Mary Conrow-Kirby, Caroline Gould-Marr, Malvina Reichard, Henrietta Payne-Westbrook, Mary B. Werner, Lydia M. Hunt, Minerva Palmer, Sarah Ellen Palmer, Amanda E. Taylor and Fanny G. Heron.

An address to the graduates was then delivered by Frances Emily White, M.D., professor of physiology of the institution.

The lady made a most elaborate argument, in which she presented in a masterly way all the positions contended for in behalf of women as workers and thinkers in the world. She took up the objections made by those who oppose the employment of women outside of the ordinary household duties, and pointed out the flaws and inconsistencies with which she said they were filled. Darwin's theories were attacked as opposed by several important facts. The subjection of woman to man was discussed at considerable length, the lady professor holding that the ordinarily received ideas on this subject were founded on false bases. All her propositions were worked out in detail, and her audience was much interested in the address.

ALUMNI ASSOCIATIONS.

Jefferson Medical College.

The annual meeting of the Alumni Association of Jefferson Medical College was held in the lecture room of the college, March 13th. Professor S. D. Gross presided and Dr. Thomas H. Andrews officiated as secretary. A handsome bronze bust of Dr. Marion Sims, the New York anatomist, was presented to the Association, the presentation speech being delivered by Dr. R. J. Levis.

The following officers were elected for the ensuing year:—

President, Professor S. D. Gross, M.D., LL.D., D.C.L., etc.

Vice Presidents, Drs. Addinell Hewson, Elwood Wilson, Edward T. Caswell and P. S. Conner.

Treasurer, Dr. Nathan Hatfield.

Recording Secretary, Dr. T. H. Andrews.

Corresponding Secretary, Dr. Richard J. Dunglison.

Executive Committee, Drs. R. J. Levis, S. W. Gross, W. B. Atkinson, William Thompson, Hugh Engel, J. M. Barton, Robert S. Wharton, O. H. Allis, John H. Brinton, W. W. Keen, W. H. Warder, C. Wirtman, W. S. Little, Henry Morris, W. S. Stewart, A. Hewson, Jr., Jesse Williamson, Thomas Ingram, Drs. McConnell, F. Woodbury, E. R. Stone, L. P. Stone, A. F. Kempton and J. B. Roberts.

T. A. Emmett, M.D., of New York, was announced as the orator for 1881.

University of Pennsylvania—Medical Department.

The anniversary celebration of the Alumni Association of the Medical Department of the University of Pennsylvania was held March 13th.

An election of officers for the ensuing year resulted as follows:—

President, John L. Atlee.

Vice Presidents, Alfred Stillé, Meredith Clymer, W. S. W. Rushenberger, Thomas J. Gallaher.

Treasurer, Rush Shippen Huidekoper.

Corresponding Secretary, H. R. Wharton.

Recording Secretary, Horace Y. Evans.

Executive Committee, Hiram Corson, Andrew Nebinger, John H. Packard, H. Lenox Hodge, James H. Hutchinson, John Ashhurst, Jr., William F. Norris, Samuel Ashhurst, Thomas J. Yarrow, R. A. Cleeman, James Tyson, William Pepper, S. S. Stryker, Wharton Sinkler, Charles T. Hunter, C. B. Nancrede, Louis Starr, C. M. Seltzer, Thomas H. Catheart, John Whitehead.

Orator, J. Forsyth Meigs.

At the annual meeting, at 6 o'clock P.M., the report of the Executive Committee was presented. It contained a review of the events of the past ten years, accrediting the Alumni Association with the progress which the University has made in elevating the standard of medical education.

At 7 o'clock P.M. the annual oration was delivered by Professor Traill Green, of Lafayette College, Easton, Pa., the subject being "The Advantage of a Preliminary Classical Education to the Study of Medicine."

American Philosophical Society.

The Centennial of the incorporation of this Society was celebrated by a banquet at the St. George Hotel, Philadelphia, March 15th. Nearly a hundred officers, members and invited guests from different parts of the Union were present. Frederick Fraley, Esq., LL.D., the President of the Society, occupied the chair. Addresses were delivered by the President, Dr. D. C. Gilman, of the Johns Hopkins University, President Cattell, of Lafayette College, Surgeon General William A. Hammond, of New York, Dr. Daniel G. Brinton, Dr. John L. Le Conte, Prof. J. P. Lesley, Gen. A. Loudon Snowden, and others, of Philadelphia. The occasion was a memorable and enjoyable one.

This is the oldest scientific society in America, having been founded by Dr. Benjamin Franklin, in 1743, and has contributed much to the advancement of science and the promotion of useful knowledge.

Sanitary Condition of Cities.

A writer in the Canada *Medical Record* says: "Montreal is now in a position to afford considerable satisfaction to those who take no interest in or cry down sanitary matters, as it has been and is now well blessed with epidemics. In the autumn we had typhoid fever of a very severe form, and now measles is enjoying an unlimited sway in all parts of the city. It is not confined to any one locality, but the disease has even extended to outside municipalities. In addition to this, smallpox persistently defies the spasmodic efforts of our health office."

There are good tidings from Memphis. The precautions which saved New Orleans from yellow fever last year may this year save Memphis. If it does the whole country will be glad. The Nicholson pavement has been abolished. A new system of sewerage has been adopted, which will be confined to house drainage, leaving surface drainage to work off through the street gutters. All the vaults are to be abolished and replaced by water-closets. One hundred and twenty-five filthy houses have been destroyed, and as many more put in good order.

A Paris dispatch to the *Daily Telegraph* says: "The prevalence of smallpox here is causing much alarm, and the municipal Council is taking measures against its further spread."

Convention on Vital Statistics.

The National Board of Health at Washington requests that all who are interested in vital statistics, and especially those who are charged with the duties of state or municipal registration, will meet with it in Washington, on the 6th of May next, for the purpose of considering the best methods for the collection and publication of such statistics. This convention will consider more especially mortality statistics, for which it is extremely desirable to secure more uniformity than exists at present, in nomenclature, in nosological arrangement, and in the forms of tables or graphic representations intended to show the relations of causes of death to locality, meteorology, sex, age, nativity, occupation and birth-rate.

Alcoholism and Crime.

The Grand Jury for the last term in this city lately presented their report, in the course of which they say: A careful analysis of the record of the month's crime, as presented to us, shows the alarming prevalence of intoxication as the basis of 90 per cent. of all the crime committed, and demands that some effectual method be devised by the proper authorities to limit the sale of inflammable poison, as it is very evident that what malt is sold for whisky to the poorer classes has seen only the shadow of corn or malt, the great body of it being some poisonous compound which creates and keeps alive a passion for brutality and crime."

High Rate of Mortality.

The *Medical Press and Circular*, February 18, 1880, informs us that during the previous week the highest rate of mortality in the United Kingdom was reached in London. The rate, 48 per 1000 of the population, is without parallel, except during the cholera epidemic, and showed the disastrous effects of persistent dense fogs upon the respiratory organs, especially of elderly people; the excessive mortality being chiefly confined to those above sixty years of age.

Another Cremation.

The body of Dr. Samuel Hahn, a physician of Hungarian parentage, late resident in New York city, was cremated at Washington, Pa., last week. The cadaver was reduced to ashes in about two hours.

The Riberi Prize.

The Royal Academy of Medicine of Turin announces that the quinquennial Riberi Prize of 20,000 lire ($4000) will be open to competitors till December 30th, 1881. The subject is "The Physico-Pathology of the Blood." Printed as well as manuscript works, in the Latin, Italian or French languages may compete; but the printed works must have been published since 1876, and two copies must be deposited at the Academy.

Personal.

Dr. A. B. de Villeneuve, of New Orleans, has been awarded a gold medal by the French government, in recognition of his professional attention to French subjects during the yellow fever epidemic of 1878.

Items.

—Harrison, a village in the northeastern part of Potter county, Pa., has been so terribly scourged by diphtheria that a panic has seized the people. The public schools are closed and a child is rarely seen on the streets. In some families all the children have died.

OBITUARY NOTICES.

—Dr. James King, of Pittsburg, died suddenly, of apoplexy, March 11th. He was sixty-five years of age, and was Surgeon General of this State under Governor Curtin, serving in that capacity until near the close of the war. Dr. King was born in Bedford County, Pa., January 18th, 1816. After receiving an academical education at home, he pursued medical studies at Lexington, Ky., and subsequently entered the University in this city, from which he graduated in 1838. Returning to Western Pennsylvania to practice, Dr. King, for a short period, filled the chair of anatomy in Washington and Jefferson College. In 1850 he removed to Pittsburg, where he continued to reside until his death, except during the time that he served in the army. At the outbreak of the war Dr. King entered the United States army as a surgeon, serving first at Camp Curtin and afterward in the field with the Pennsylvania Reserves. In the fall of 1862 he was mustered out of the Federal service, to become Surgeon General of Pennsylvania, holding that position until 1864.

In the early part of the war Dr. King was the army correspondent of the REPORTER, and sent much interesting matter to its columns.

—Dr. William M. King, Medical Inspector, United States Navy, died at his residence in this city, March 14th, aged forty-four years. He was born in Philadelphia, and entered the naval service as an assistant surgeon in 1858, was commissioned as a surgeon in 1862, and promoted to the rank of Medical Inspector in 1875. He served with honor in the Gulf of Mexico, in China and Japan, in South America and in most of our squadrons abroad. He was present at the battles of Fort Hatteras, New Orleans and Port Hudson, and at the capture of the rebel steamer Florida. Shortly before his death he was ordered as fleet surgeon of the South Atlantic squadron, but his health would not permit him to accept this assignment.

—Dr. George W. Kittredge died at New Market, N. H., February 6th. He was elected to the Legislature in 1835, 1847 and 1848, and was speaker of the State House of Representatives in 1852. He was a member of the Thirty-third and Thirty-fourth Congresses, and Director of the Boston and Maine Railroad for twenty years, and President of the New Market Savings Bank for forty years.

QUERIES AND REPLIES.

Chronic Urticaria.

Mr. Editor.—I beg to suggest, in reply to query of Dr. S. C. P., of Ill., in REPORTER of 28th ult., the use of ipecac. as a good remedy in chronic urticaria. It should be given in slightly nauseating doses, and continued for some time. The trouble arises, probably, from fault of digestion, and the ipecac., I think, acts as a *sedative to the vagus nerve.* In one very obstinate case benefit was obtained, I thought, by combining with it subnitrate of bismuth. C. H. F.

Union Springs, Ala.

—*Dr. S. P., of Iowa*, asks, To whom does a prescription belong when once in the hands of a druggist, and has he a legal right to refill the same without the physician's order?

Answer.—We are informed that the question has never come before a legal tribunal in this country. The point has been much discussed but never decided.

—*Hallerus* asks, What evidence is there that the Evangelist Luke was a physician? We believe the assertion depends wholly on tradition.

Dr. A. S., of Texas.—It is not contrary to ethics for a physician to announce himself as also practicing dentistry. Evidently the one you refer to is very ignorant. But for all that, he may be "straight."

MARRIAGES.

CONWAY—CONANT.—At Petersburg, Ill., Nov. 11th, 1879, I. S. Conway, M.D., late of Keokuk, Iowa, and Lula Kate Conant.

DUNMIRE—CALDWELL.—At the residence of the bride's brother-in-law, Thomas A. Mellon, Esq., Pittsburg, Pa., on March 10th, 1880, by the Rev. John Gillespie, G. B. Dunmire, M.D., of Philadelphia, Pa., and Miss Lizzie D. Caldwell, of Manhattan, Kansas.

LETHERMAN—WARD.—At Greenfield, Pa., Dec. 25th, 1879, by Rev. J. S. Swan, Dr. J. A. Letherman, of California, and Bertha A. Ward, of Greenfield.

DEATHS.

ADAMS.—At St. Paul, Minn., March 7th, Lucius S. Adams, M.D., of Stockbridge, Mass., aged 76 years.

ADAMS.—February 19th, Margaret, wife of Dr. G. W. J. Adams, of this city.

BROWN.—February 5th, 1880, at his home in Butler, Pa., after a severe and protracted illness, Dr. Thomas H. Brown, in the 65th year of his age.

HUGHES.—At his residence, Valley Junction, O., February 23d, 1880, John Hughes, M.D., aged 64 years.

WARD.—At his late residence, No. 63 Madison Ave., New York, March 4th, J. A. Ward, M.D.

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Communications.

CASES OF HERNIA OPERATED ON FOR RADICAL CURE BY INJECTING THE HERNIAL RINGS.

Read before the Otsego County Medical Society, New York, Jan. 20, 1880, and before the Suffolk District Medical Society, Feb. 28, 1880,

BY JOSEPH H. WARREN, M.D.,
Of Boston, Mass.

Mr. President and Fellows:—In presenting this report to you, on injecting the hernial rings, I have to thank you for the interest you have already taken in my efforts to perfect and present to the profession a radical cure for hernia. The encouragement which I have received from you, from a number of our distinguished surgeons, and from many of our profession throughout the country, leads me to think that the value of the operation which I present is being rapidly recognized.

When we consider the terrible distress this complaint entails upon humanity, is it any wonder that a vast army of our fellow beings, rather than submit to the knife and the painful operations now performed for the cure of hernia, seek relief at the hands of irregular and often itinerant practitioners, who by flaming advertisements and artful promises offer sure and painless cures, only to entrap, and so to say, devour their innocent victims, like the wolf in the fable? In view of such impostors and impositions, is it not high time that every son—I was about to add every daughter—of Esculapius should heartily aid every honest endeavor you or I or any member of the regular profession may make to develop, in an open and legitimate manner, an operation that has been many times performed with success? Nay, more, are we not in duty bound to the cause of science to endorse and encourage all such efforts, at least so far as they rest upon a true surgical principle and possess the merit of an honorable attempt to advance the medical and surgical art?

Many have been the attempts in the past to operate for the cure of hernia by injection, and among the operators we find the noted names of Velpeau, Pancoast, J. Mason Warren, and others. While one discovered this important principle, and another that, none except Heaton ventured to inject hypodermically without first cutting down upon the parts, and none were so successful as to warrant us in saying that they had really discovered a radical and lasting cure, except Dr. Heaton.

But because Dr. J. Mason Warren successfully injected sulphuric ether in one case (see *Observations on Surgery*, page 166), I am not bound to use only sulphuric ether in my injections; because Schwalbe, of Germany, injects alcohol, and Heaton oak bark, I am not bound to use either alone, if I can find a better formula. We all must reason for ourselves, and I feel confident that by combining ether, alcohol, oak bark and morphia, in my injecting mixture, I occlude the rings with less disturbance of the constitution and of the heart's action, than where a single fluid is used alone. I wish to say just here, that at the time when I made up my formula I knew nothing of the use of sulphuric ether by Dr. Warren, or of alcohol by Dr. Schwalbe, in the cure of hernia. (Although it is a strange coincidence, the idea was as truly original with me as it had been with them.) I recall one of my cases

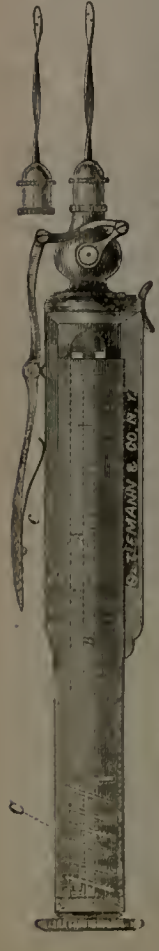
where the pulsation, which just before the time of operation was 80 per minute, fell after the operation about ten beats, and continued to fall, until in an hour it was 65. While, then, this mixture exerts a sedative influence on the arterial system, its stimulating properties cause a rapid and localized effusion of lymph where it is desired for the organization of new tissue.

The following formulæ I find to be the best for injection:—

For infants and children to the age of five, for accidental or congenital herniæ, use the aqueous extract of oak bark of Dr. Heaton's formula.

For children five to fifteen years of age, extract of oak bark distilled to the consistency of glycerine, with ten drops to the drachm of sulphuric ether.

For old and long standing herniæ, congenital or otherwise, I find the latter extract of oak bark, with one drachm of absolute alcohol to four of the extract, and one drachm of sulphuric ether, with one or two grains of sulphate of morphia, gives me the best results in my operation.



My instrument consists of a barrel holding a drachm or two, and through a fenestrated opening the graduations can be read. It has a valve attachment which will allow from one to sixty drops to pass from the barrel through the spirally-twisted needle, which is joined to the lower end of the barrel by a metal cap. This cap allows the needle, fitting accurately, to revolve upon a ruby or diamond pierced with an orifice for the exit of the fluid.

The piston is forced down upon the fluid by means of a spiral spring which has sufficient force to eject the fluid upon the parts at right angles.

The long needle which was in the box with my hernia instrument was an aspirating needle with the same spiral twist as my hernia needle. It will, therefore, pass through the tissues with greater ease than the needle in ordinary use, and will be found much more desirable, particularly in tapping effusions about the heart, deep-seated abscesses in the bowels and liver, or in hydrocele and effusions of the knee joint. It will remain and be held, by its peculiar form, in any position and at any depth we may desire.

In developing the operation, as I have said, I have not been necessarily the apostle or disciple of any one, nor have I felt myself bound by the teachings or example of any one, except so far as I recognized that true principles and worthy precepts had been given. I present it to you simply on its merits, and ask only that you fairly investigate its principle and results before passing judgment on it.

I think I know somewhat of the conservativeness of the better part of our profession, and while I am, upon proper grounds, the most conservative of conservatives, I do not believe it fair or just to be unreasonably prejudiced. Judging from the history of medicine and surgery, I feel very confident that when this operation is examined in its details and thoroughly understood, it will be accepted as one of the most legitimate operations for the cure of hernia. I do this operation as we perform all surgical operations, as an experiment (for we should always remember that every operation in surgery is on this principle).

I cannot, with true regard to truth and modesty, boldly assert such favorable terminations in *all* of my operations, as we are led to infer by Dr. Heaton, in his work upon hernia and in his reply to the committee sent him by the American Medical Association. Although he boasted so freely, yet you and the medical gentlemen in every city in the country *know* that he did not cure all upon whom he operated. There are some half dozen whom he attempted to cure, who are to present themselves to me for operation; one in particular, to whom Dr. Heaton said: "You see that sun shine? well, just as sure as that *sun shines* I *can* and *will cure* you."

I also find much in his book that is vague and unreliable, and might, if implicitly followed, lead one astray in the operation. I have the best of reasons for saying that had he lived he would, in a future edition, have corrected many statements, particularly in regard to the inflammation he set up. This I know from going over the whole ground with him personally. Indeed, he greatly regretted that he had ever given the operation to the profession, from the fear that all would not fully comprehend his meaning and that some one would use a dangerous-pointed instrument and bring discredit upon his pet operation, and, possibly, seriously injure or even kill a patient.

He would again and again refer to these hypodermic needles, spear- and lancet-shaped instruments, in terms far from commendatory, saying, "they will yet cut some artery so minute that it will escape their notice at the time, the patient will bleed to death, and then they will condemn me and my operation."

I have thought that perhaps the best way for me to show you the merits of this operation for the radical cure of hernia is to tell you of its success in my experience. I will therefore detail a few of my cases very carefully.

Operations Nos. 1. 2.—On July 10th, 1879, I operated upon Mr. G., age 23, for double inguinal hernia direct, on both sides. The openings in the rings were one and a quarter inches and one inch, respectively. I injected about twenty minims into the larger rupture, which was on the right side, and fifteen minims into the smaller one, on the left side. After going through the ordinary course of a slight feverish condition, with an increase of temperature for three or four days, the case made the usual recovery, by perfect occlusion of the hernial rings and retention of the intestines within the abdominal cavity.

The patient appeared at the expiration of ten or twelve days as if he had never been ruptured, and no one would have known that he had ever been, unless by previous knowledge of the fact. The cure was simply perfect, without even the bulging of the integuments that we often see when by this operation a cure has been effected in large herniæ.

The patient being a laborer, dusting and washing cars, I thought it best for him to remove the bandage which we had applied while he was undergoing the treatment, and wear a truss. I therefore ordered a double, hard rubber truss, thinking that this would give him the best security and freedom from accidents.

For this truss I sent him to an old friend of mine, a regularly educated and once practicing physician, but now the head of one of our largest surgical instrument establishments in this country. With this patient I sent a note telling the doctor that I had just operated on the man for the radical cure of a double hernia, and requesting him to fit the case with a nice, suitable truss. After the patient had the truss put on by my friend, the doctor, he returned to me, and as it was not a suitable one I sent him back to the same place for a better one.

As I saw no more of him I supposed, from my long experience with the manufacturing establishment, that he had been properly fitted the second time. On the contrary, to my mortification and chagrin, I was soon told by the attending physician that this second truss was no better than the first, but that when the man sat down, it would strike against the back of the chair, and be thrown forward off the seat of the rupture, and thus would not support and sustain the weakened rings. Of course, our whole design in ordering it was to sustain these rings, as the adhesions had not yet become sufficiently strong fully to resist the pressure of the intestines and other parts against them.

His physician stated, also, that the patient said that the doctor, when he fitted him, made him strain, force down and cough all he could.* By such treatment there was naturally produced some protrusion of the parts, and I said that if he had not by this means re-ruptured the man I should think it almost a miracle. As, moreover, he assumed the liberty with this patient to tell him that he was not cured, I took it rather ill at first.

Now I hear you say if this had been my patient I should have been indignant at such proceedings on the part of my friend the doctor, particularly after I had written to him that the operation had just been performed, and after I had in the most friendly manner possible requested him to fit the patient with great care. Please defer, for one moment, your harsh criticism, for in the first place the doctor did in this case just what most of us might have done under similar circumstances. The patient is said to be cured, and to all appearances is cured (I may add that I truly think that this man was cured, and that such was also the opinion and belief of his attending physician); now I say, this being the case, the doctor did not stop to consider, it may be, the young and tender state of the united tissues, any more than many others would. This is an operation all are not conversant with, and just how strong the parts are and how far they will bear straining, all are not supposed to know at present.

Suppose, too, on the other hand, we were a dealer, fitting, for example, a wooden leg, and wishing to sell, would it not be natural for us, regardless of the very recent cicatrice, to cause the patient to force his amputated limb into the artificial one, and to try and convince him that he could walk more miles without fatigue with this leg than with the one lost in battle.

No, gentlemen, I do not blame my friend for

* This story should be taken with a grain of allowance, as my friend, who adjusted the truss, says he thinks the patient brought this condition of his rupture on himself, and I certainly would credit the doctor sooner than any patient.

thus treating my patient, and it is with no ill feeling that I refer to the matter at this time, although it is true that this was my first operation for the radical cure of hernia, and naturally a pet one. I speak of the case to show that it proves one thing certain, viz: That a great amount of violent treatment can sometimes be endured immediately after the operation without a new rupture taking place; for with this man one side, strange to say, did not move or protrude in the least, while the other did.

Still, I would not advise much violence to be done to the tissues while they are in a fresh state of adhesion, since their condition soon after, nay, for months after the operation, may be compared to freshly-glued pieces of wood. It is true, there will immediately be some adhesion, so as to hold them together, but if any force, even if of a very slight nature, be at once applied, it will cause them to part. Should, however, a longer time be allowed to elapse before force is applied, the pieces will be found adhering so firmly that the fibres themselves will separate sooner than allow the wood to part. Just so is it with the tissues of the body after this operation. The tenor of adhesiveness of the rings and surrounding parts is at first slight, but after a period of time the new formation of adhesive fibres will often be found stronger in cohesion, because of their contraction and consolidation, than any other part of the dependent tissues composing the rings.

This case is instructive, then, in three ways: *First*, it shows how a severe hernia may be successfully cured; *secondly*, how much ill treatment a hernia thus cured may sometimes endure; *thirdly*, how easily this relief may be forfeited by interference with the process of healing, whether in fitting a truss or by making the patients cough, force down or strain in any way, to gratify a mere idle curiosity.

Operations Nos. 3, 4 and 5.—This case is a unique one, and in many respects more instructive than any we may ever meet again. Mr. P., aged between forty-five and fifty, applied to the late Dr. Heaton for an operation, but for some reason was deferred. After Dr. Heaton's demise the gentleman presented himself to me for the operation, telling me that he had been ruptured for eighteen years and that Dr. Heaton had promised to operate on him. I examined him, and frankly told him that I did not have much faith that he could be cured by the operation, but that if he wanted me to try to effect relief I would do so, with the distinct understanding that I did not know what the result would be, and that I would not, on any account, warrant the least relief or cure.

Accordingly, on the 25th of July, 1879, at 220 Harrison avenue, formerly occupied by Dr. Heaton as his hospital, I operated on the man for two of the largest herniæ I have ever seen. They were double inguinal, on the left side with a ring two inches in diameter, on the right side with a ring one and a half inches in diameter. He said it had been well nigh impossible to retain the bowels in their proper cavity by any or all artificial means, and so great had been his pain that he was constantly longing for the time to come when he could lie down, to ease his sufferings. At the time of operation he was wearing a very large elastic abdominal supporter and truss combined, although neither this nor the "hundred different trusses he had at home" could retain the ruptures in their proper position, because, as he expressed it, the herniæ were so large, especially on the left side, that they would "boil over" any truss that was applied. It is needless to say that the patient was suffering not only this physical anguish, but also mental depression.

In my operation I found it necessary, on account of the greatly dilated rings, to inject a larger amount of quercus alba than usual. About eight hours after the injection the pulse and temperature began to rise, reaching their maximum on the second and third day. On these days the temperature was 99.5° and the pulse about 90. They now began to diminish, until on the fifth day only a slight increase over the normal condition was noticeable. On the same day he had a free evacuation of the bowels, from a dose of seidlitz powder.

During all the time since the operation the urine was passed normally, and he complained very little of pain, except in the immediate vicinity of the rings, where the injection had been made.

On the eighth day after the operation the swelling, which at its maximum had extended up as high as the crest of the ileum, running along the oblique muscles on both sides, had wholly disappeared. There was no tenderness around the umbilicus, nor any indication of inflammation of the peritoneum, except in a very limited spot around the rings. The hernial sac on both sides was enormously enlarged and thickened, and on the left side bound down by some adhesion. Upon examining the patient in the erect position, I found the herniæ well retained in the abdominal cavity and the rings firmly and well filled, except in a small portion of the superior part on the left side.

Fearing this might dilate, and finally allow a hernial protrusion, I operated again on August 2d, on the left side, to guard against such an accident. This second injection produced phases similar to those in the first operation, with a little greater swelling, but on August 11th the swelling began to pass away, and everything to assume a normal condition. Now, standing my patient upon his feet, there was no protrusion on either side, and I thought of discharging him in a few days, cured of a most remarkable hernia. I therefore allowed him to sit up, for an hour or two daily, but on the 13th I found that he had extended my hour of allowance to the liberty of sitting up from morning till night. Secondary swelling immediately began to appear, but from the applications of cold water and enforced recumbent position, they had diminished on the next day to abont a normal state.

The man was continually anxious to return to his home, in Lawrence, but both I and the matron urged upon him the expediency of remaining at rest a few days longer. I told him that there was danger that the effort of the journey might produce an abscess, or even loss of life. In spite, however, of all our arguments and persuasions, go he would, and go he did, assuming to himself all responsibility and risk in such a reckless act. Accordingly, at noon on the fourteenth he left our care for his home. In consequence of this exertion there was, as we anticipated, a return of the swelling and the formation of an abscess. He was treated very successfully in his trouble by Dr. G. W. Garland, as the following letter will show :—

Lawrence, Sept. 15th, 1879.

Dr. J. W. Warren—

Dear Sir:—Mr. P. came to Lawrence Thursday, August 14th. I saw him the following Friday. It was perfectly apparent at that time that he was to have an abscess. It was opened August 20th, under ether and a disinfectant spray. An opening was made large enough to explore the bottom with the finger, which seemed firm. The abscess proper was quite as large as a common saucer, and swelling, tenderness and pain extended up the groin as far as the crest of the ilium; another abscess formed in the scrotum, just above the testicles and over the cord, which was opened August 30th; still another was opened September 10th, just above the original one. The one on the scrotum has healed, the others are doing finely. A large portion of dead tissue came from the floor of the main abscess. The surrounding induration has been treated with tincture of iodine, and both hot and cold lotions, and is quite rapidly subsiding.

I have neglected to mention that after Sunday, the 17th, a severe fever followed a chill for a day or two. There is no protrusion of the hernia, and the case, for so bad a one, is doing well. Mr. P. is to go to Andover next Wednesday, P.M., a mile and a half from Lawrence. He is gaining strength fast. Very truly yours,

G. W. Garland, M.D.

On September 26th Mr. P. called at my office, and I found that the principal abscess had been just above the seat of my operation, and was still slightly discharging, as was also the one in the upper part of the scrotum. There was considerable induration and a large cicatricial indentation of the parts around the lower portion of the ring, extending down to the spermatic cord. There was a slight protrusion of the upper portion of the omentum, but no sign that the intestines had descended through the ring. I ordered cold compresses, with proper supporting bandages, and enjoined absolute quiet, in bed. He now regrets that he did not remain longer in Boston, instead of hurrying home.

On October 8th I again examined him, and found the swelling and congestion still existing, although greatly diminished. I found that instead of a good supporting bandage he had applied a very frail and wholly inadequate affair, and I now applied a delicate, French double truss, and ordered frequent bathing of the parts in cold water and carbolic acid. It will be remembered that he told me at the time of my first operation on him that he had been ruptured eighteen years. He now told me that his mother had informed him that he had been born ruptured, and that his father had taken him when a child to have a truss adjusted. I told him that had I known this before I operated I should on no account have taken the risk of operating on such an enormous congenital hernia. My operation in this case had been performed with the simple extract of quercus alba and morphine that Dr. Heaton recommended, but with a needle of the Doctor's that I had improved by making two more orifices near the point.

Although performed with so unsatisfactory a needle and mixture, it establishes three very important points: first, it gives us the pathology of such cases soon after the operation; second, it shows how very important it is, if we would escape dangerous consequences, to insist upon and enforce rest in the recumbent position, together with constant applications of cold water at the least appearance of a secondary swelling and inflammatory process; third, it shows what a wonderful result can be obtained by the operation in cases hitherto deemed incurable, as *e.g.*, congenital and enormously large herniæ.

January 29th, 1880. I examined this patient,

and find he is perfectly cured on one side; on the other side there is some omentum protruding, which will require another injection, and with the mixture I am now using I hope to fully close up the rings, as it is more stimulating than the mixture of Heaton that I used in my operation on him. He is very anxious to have me try again, which I promised to do as soon as I think proper.

Operations Nos. 6, 7.–Having found these cases so fruitful in instruction and encouragement, I undertook my sixth operation with increased confidence. Mr. M., aged 62, had been ruptured when eleven years old. This rupture, oblique inguinal on the left side, continued to enlarge until he was twenty-one or more.

For nine or ten years it gave so little trouble that he did not think it necessary to wear a truss. Ever after that time, however, he wore one, until July 30th, 1879, the day I operated on him. The hernia was an inch and a half in diameter, and protruded about the size of a duck's egg. I injected twenty minims of fluid extract of quercus alba with one tenth grain of morphia. He went through the customary phases—slight rise in temperature and pulse, then a gradual subsidence—until, after eight or ten days, he returned to his normal condition. On the 11th of August, only twelve days after the operation, he rode out, free from his rupture, without even the slightest bulging of the tissues so long dilated.

We have now come to the interesting and instructive part of the case. I have said that so far as I could ascertain by careful examination, in the erect and recumbent position, the ring was entirely occluded with firm surrounding parts.

The confidence both of myself and of the patient in the perfect results of the operation was so great that it is true we applied only a supporting bandage, and the man returned to his usual occupation. In this condition he remained for nearly two months, when, relaxing in his attention to the proper support, he suffered a slight protrusion of the ring and at the same time a descending of the sac.

To remedy this protrusion I re-injected him on October 6th, with my mixture of quercus alba, alcohol, morphia and sulphuric ether. This injection created a slight local disturbance, but no increase of pulse or temperature, and produced a further contraction of the ring. Although it was not so fully contracted as after the first operation, still it was sufficiently contracted to retain the hernia within the abdominal cavity. Unwilling longer to risk a bandage, I ordered a light and soft French spring truss, to wear six or eight months, which he continued to wear until December 9th, when he again presented himself to me, and this time with a strangulated hernia on the right side. It was a most curious case.

I reduced this new rupture and fitted the man with a soft double French truss. Having much soreness on this right side, extending down to the spermatic cord, he was ordered to resume the recumbent position in bed.

In spite of various soothing applications the pain continued for several days, extending now to the testes and scrotum, producing intense neuralgia in the former, with irritation and swelling. This state of affairs lasted with more or less acuteness until December 23d, when I applied a bandage with compress, and allowed him to go to his office. I applied the compress bandage instead of the truss, from fear that too severe a pressure of the springs of the truss might produce violent irritation of the still tender parts. During all this time since the operation for hernia I made frequent examinations and found that since the last injection the ring on the left side had continued constantly to contract, so that the man may now consider himself healed on that side, at least.

The lesson here to be learned is, *first*, that had he been more careful, after once firmly closing the ring, to support it properly for a little length of time, so that nature might complete the consolidation, we should never have needed to make a second injection; *secondly*, that the patient must be made to be careful of himself until nature has done her work, and that he must not unwarrantably presume upon his perfect recovery until several months have elapsed; *thirdly*, that for a long period after the injection the fibres of the surrounding parts continue to contract and consolidate, so that cases where we at first may be inclined to think we have not yet obtained a full occlusion may ultimately, if properly attended and cared for, become perfectly healed. Finally we can again see that the long duration of hernia is no bar to a radical cure by injection. For this patient has been ruptured forty-two years.

The first of these operations I performed with the old original needle of Dr. Heaton; the two latter with his needle as I had improved it by adding more orifices for the exit of the fluid. I have detailed them minutely and fully, that you may see what great obstacles lie in our path, and how the slightest inattention or carelessness, either on the part of the operator or the patient, may cause a deal of trouble, not to say danger. It cannot be too solemnly impressed upon the

patient that the success of the after treatment, (and that means the success of the whole operation) depends as much upon him as upon the operator. If, then, we retain all the valuable instruction these unfavorable symptoms inculcate we may with a little cheerful perseverance wonderfully triumph by our success.

I will now give a few of the cases that I have had since the time that I reduced the operation to a more scientific basis, as I believe, by perfecting both the instrument and the injecting fluid (see New York *Medical Record* of October 18th, 1879). It will be seen that with this new instrument and fluid I encounter less danger, cause less constitutional disturbance, less unnecessary irritation and more intense local action where it is needed, and there alone, than could ever be possible by the crude methods formerly used.

Operation No. 8.—F. M., aged twenty-eight, had for two or three years suffered intensely, and had consulted several physicians, some treating him for disease of the liver, others for disease of the kidneys and bladder. The true seat of distress was an inguinal hernia upon the right side, which was very annoying and painful, since the hernia was exceedingly sensitive and irritable.

I found the protrusion was slight, with a ring about one inch by half an inch in dimension, and operated on it for radical cure, on September 6th. The patient made a rapid and full recovery, and sixteen days after the operation accompanied me to New York. Among the physicians who there examined him was Dr. R. F. Weir, who was fully convinced that there was a complete occlusion of the hernial ring. The man was ordered to wear a bandage, and was then discharged from my care. I saw this patient on January 24th; he is still free from his rupture.

Operation No. 9.—L. B., aged four years, was, after etherization, operated on, November 4th, for a congenital umbilical hernia, about three-quarters of an inch in diameter, and in appearance and size not unlike a red acorn. I injected eight to ten drops of the mixture. Passing through the usual slight feverish excitation, she was discharged from my care after two weeks' time, fully cured.

Operation No. 10.—On December 18th I operated upon J. R., aged forty-one, for direct inguinal hernia on the right side. The opening was in size one inch by three-quarters of an inch, and had existed for more than two years. I was assisted by Dr. Joseph Redfearn, Jr., of Ashland, whose patient the gentleman was. I injected about fifteen minims of the mixture. The only pain was a sharp smarting for about five minutes after the operation, and on January 1st Dr. Redfearn and myself examined him, and were satisfied that the man had fully recovered, with a perfect occlusion of the ring, and was ready to be discharged. I had a note from him on January 13th, and he is well and free from all trouble from his hernia.

Operation No. 11.—Mrs. M., aged fifty-six, had had a femoral hernia on the right side for more than thirty years. The opening through the tissues was flat oval, about one inch and a quarter by three-quarters of an inch, with a protrusion the size of a large goose egg. On December 25th I operated upon her, injecting about ten drops. She had just recovered from typhoid pneumonia, and still had a slight cold, so that it was only at her urgent request that I operated when I did. The smarting pain from the injection was very severe for five or ten minutes. On the second morning after the operation her cold was much worse, attended with pleurisy on the left side and a heavy cough, and her food had caused her to vomit. For three or four days her temperature was 100 and her pulse about 95, but whether from the fever or the injection could not be determined. On January 6th I caused her to assume the erect position, and found the rings occluded and the intestines completely retained in their cavity. So firmly occluded are the rings that, as she is rather fleshy, a little dimple is seen over the seat of the operation.

January 15th. She is cured of rupture.

Operation No. 12.—Mrs. L., aged forty-five, of delicate constitution, had a very painful hernia on the right side, which had been strangulated three times, twice with great danger to her life. The hernia had existed for fourteen years, occurring from a strain in child bearing. It was very painful, and protruded about the size of a common cowry. There were two openings through the crural ring, the larger, from which the protrusion took place, near the femoral vessels. This opening was about three-quarters of an inch in length and measured three-eighths of an inch in width.

I operated January 7th, injecting about ten drops of my usual mixture. She was in the evening but slightly feverish, with pulse about normal, 78. The next day the parts about the ring were tender, and covered with a profuse effusion of lymph. She suffered great pain through the back, right hip and limb, owing much, as she thought, to the constrained position of lying on her back, as she had often suffered equally severely for months at a time. A pill of extract of hyoscyamus, lettii and morphia was given her, to secure rest and ease from the pain.

3d day. Her temperature and pulse are about the same as on yesterday. I afterward found that the cause of her pain was her periodical turns appearing. Upon examination, January 12th, the rings were found perfectly occluded and she cured of her hernia.

March 10th. She is free and cured from her painful hernia, and a happy woman.

In all these operations I find that in order to insure success I must produce a certain, though limited, amount of inflammation of the surrounding parts. You will see that I have aimed to produce this. Dr. Heaton considered the inflammation very dangerous, and said that in his operations it seldom occurred. He meant peritoneal inflammation. Dr. Davenport,* editor of Dr. H's work, as directed by Dr. H., worked up a sort of pathology, to the effect that only "tendinous irritation," as they call it, was caused, and no inflammation. I find that Dr. Heaton was mistaken in his pathology, as it is impossible to contract and occlude the rings without an inflammation, to cause an effusion of plasto-lymph. I learned, too, from Dr. Heaton's old matron, a very intelligent woman in such matters, that Dr. H. always got more extensive inflammation, swelling, and often abscesses, when he was successful, than I ever get in my cases. This excessive inflammation was probably due to the crude injecting mixture and instrument which he used. Indeed, I am often led to wonder that he ever succeeded with his operations at all.

I have now gone over all the ground that Dr. Heaton passed over, and have performed upon all the various kinds of hernia which he operated upon, and I feel confident that my results, to say the least, have been as successful as his, in the same given number of cases.

In fact, the question whether Dr. Heaton ever cured any one of rupture, has been asked by those whose opinion is entitled to much weight. I can answer in the affirmative, because I have examined a large number of those upon whom he has operated for herniæ of from one to twenty years' standing.

That he failed in many cases is also true. But in all his failures we should find, if we traced the operation, that there was only a slight effusion and only the most limited amount of inflammation, or what in his work is styled tendinous irritation. It is a well-known fact, that if we would produce a blister with cantharides, for instance, we must, in order to get an effusion of plasto-lymph, destroy the cuticle and create a given amount of inflammation. The same holds good in this operation. The parts must receive a certain amount of irritation from some stimulating material, to excite the secretion of this lymph. The more plentiful the effusion, the more sure we are of strong adhesions and attachments, which will organize into fibrous bands, not unlike the cicatrice of a severe scald or burn. This draws and binds together the hernial rings and surrounding parts, and when properly performed retains the hernial protrusion in its proper cavity, more firmly than ever before, in many cases.

You will see that I have given you the history of twelve operations on genuine ruptures of various kinds. This does not include all that I have operated upon, but only a few interesting cases. Of these twelve the first two were partial failures, and one later on. Two of these are soon to be re-operated upon, and I have no doubt that, with the mixture of such a stimulating nature as I now use, they will be permanently cured by the second injection. I have some doubts as to the possibility of retaining the large congenital hernia, but as the patient is very anxious for another operation, I presume I shall try it. I have freely expressed all my doubts to him, but unless I operate upon him he will not be contented, nor shall we know whether such cases can be successfully treated. This includes all the favorable cases that I have had in my operations thus far.

You will see, gentlemen, that I have felt it my duty to develop this operation with open hands, concealing nothing, but recording careful observations on all my cases, keeping nothing to myself in a selfish way, but offering everything in my power to the profession, in order to establish a legitimate operation. Others may have undertaken to relieve the ruptured sufferers by methods known only to themselves; I am determined to do what I can to demonstrate to myself, and I trust to you, that this operation, when properly performed, possesses many advantages over every other now known for the cure of this distressing malady. Whatever discouragements, whatever obstacles, whatever successes I have met, all have been freely given to the scientific advancement of surgical knowledge. To say that this operation for the radical cure is simple, and when carefully used by skillful operators presents no greater danger and no more unsuccessful results than other well known surgical operations, is only the barest justice to its past and present success.

*No disrespect is here intended to so good a man as Dr. Davenport, but this is nevertheless a fact, as told me by his cousin, Dr. D., of Boston, who said he informed him that Dr. Davenport had to work up a sort of pathology to meet the statements of Dr. H. in his operations.

I am, therefore, encouraged to hope that other members of the profession will test it in the course of their practice, and present us with reports upon the cases, that we may all, dispassionately and without prejudice, judge of its true value. As I said in the beginning of this paper, I certainly feel much encouraged by the hearty interest in the operation manifested thus far by the profession in various sections of the country.

In reply to the gentleman who has performed Wood's operation successfully with wire, catgut, or pins, while these ligatures or the pressure of a truss may cause suppuration and an absorption or melting away, as he termed it, of the plastolymph effused, still I must maintain that the condition of the parts and the materials that I use produce very different effects, in the quantity of lymph effused, as well as in the permanency of the effusion. As this gentleman has never performed the operation for the radical cure by injection of the hernial rings, I cannot take his statements as of any authority in regard to the melting away of the lymph after my operation, whatever may have been the results, good or indifferent, after his operations by other methods.

To the question whether I do not consider it dangerous to operate upon umbilical hernia, the safety of the operation was so well established by other medical gentlemen present that I do not think it necessary to reply.

Another gentleman's experience of twelve operations, with only one success, goes only to substantiate more fully what I discovered after my second operation, that a more stimulating mixture was required and a better instrument than the one recommended by Dr. Heaton. Another disadvantage he might have had is that his patients occurring in hospital practice were anæmic, not properly nourished, and therefore not in so favorable a condition as regards their systems as those in private practice.

Whenever Dr. Heaton's instrument and mixture are used the results will be very uncertain and unsatisfactory; although an abundant inflammation will be set up, the effusion of lymph will be proportionally small. In fact, the great cause of failure is not in all cases, as is commonly supposed, the lack of proper after-support, but that the lymph attachment is severed by muscular contractions, and then the lymph is readily absorbed.

Other important facts I will give to the profession in a future paper. Dr. Heaton, it is true, had great success with his instrument, but few, in this generation at least, will be equally skillful with his methods as he claimed to be. It will be remembered that he distributed his fluid with great force, equally upon the parts and at right angles to them (see my former article in this journal). Other instruments have been recently devised, which allow the fluid to ooze upon the rings, but such contrivances are exceedingly ineffectual, and will cause so feeble an effusion that it will melt away like the dew before the morning sun.

I am not at all astonished at the questions asked as to my operation, when I talk with gentlemen at our medical meetings and read the numerous letters of inquiry which I receive. For if one has not seen the operation and had it explained to him, he can have only the faintest conception of it, be he ever so good a surgeon or operator in general surgery.

Physicians and surgeons of no little renown have asked me if I pass the needle through the scrotum and follow up on the spermatic cord? Another asks if I go through the columns, and at precisely what point I cut through the rings? Some think there must be great danger in operating on umbilical hernia, since, as they say, we penetrate the peritoneum. In reality, the needle is not passed either into or on to the peritoneum.

Others think the inguinal region must be dangerous, because of the numerous vessels and nerves. The truth is that the umbilical region is the safest region to operate upon, inguinal less safe, and femoral the most dangerous. None should operate upon the latter, unless they are experienced.

Upon infants I have never operated. The youngest patient was four years old. Mechanical appliances, such as a good truss or elastic bandage, I have found productive of good results.

I prefer a bullet, partially flattened and fastened to a linen bandage, because the compression of the abdominal muscles by the elastic bandage prevents their development, and consequently the closure of the rings, and also that these muscles are liable to be thinned by the constant pressure and forever weakened.

In conclusion, I would say that above all the congratulations from gentlemen of note in the profession, the resolutions and the honorary membership of the Medical Society of Otsego County, New York, I esteem the commendation of my friend, Dr. B. Codman, who has, as is well known throughout this country, for many years attended to the mechanical treatment of hernia. He says, "I believe you have at last perfected this operation, and I know that with your instrument and fluid you will be successful in the

treatment of hernia by injection, and will have greater success than has been hitherto met with by any one; and with the adjustment of a proper temporary truss after the operation, a permanent closure of the rings will crown your efforts, and you will receive your reward from an appreciative profession."

In having the Secretary read the resolutions of the above-mentioned medical society, and in quoting the favorable comments from various members of the profession, I trust they will be taken in a liberal spirit, as I intend them, and not in any way egotistical. I have felt and acted in this matter as every well-meaning gentleman in our profession will act whenever he may have to present to his peers an operation that is of merit and for the good of his fellow beings, without selfishness, and with a laudable pride for its favorable consideration and adoption by the profession.

Hospital Reports.

GOOD SAMARITAN HOSPITAL.

CLINIC OF JAS. T. WHITTAKER, M.D., OF OHIO MEDICAL COLLEGE.

REPORTED BY A. H. KELCH.

Progressive Muscular Atrophy.

We have two cases to present to-day, gentlemen, each of more than common interest. The first is this lady, who presents herself for the first time at our clinic, she says, for an opinion about her case. The opinion, the diagnosis, you will any of you be able to make at a glance. She is in apparent good health, but is paralyzed in the hands, that is plain; and she gives of the paralysis this history

Three years ago she noticed this weakness beginning. It has gradually grown upon her, not suddenly; she felt at first some numbness of the legs, and remarks that she lost flesh here, but not so much as from her arms. She does not remember whether she regained the use of both legs at the same time, but about the time she did regain this power she complained of weakness about the shoulders. When we remove the garments from the arms and shoulders you see for yourselves the wasting palsy that is present. The deltoid muscles are gone; no wonder she cannot raise the arms; and so are the interossei muscles of the hand; so also to nearly the same degree are wasted the muscles that compose the thenar and hypothenar eminences. No wonder the hands are paralyzed. The interossei, the muscles of the palmar eminences, the deltoid, are the muscles affected, while intervening muscular tissue remains. Clearly we have before us a case of progressive muscular atrophy.

The question of interest in connection with her case is whether she was first attacked in the lower or upper extremities. In the vast majority of cases the disease is first noticed in the upper extremities. First in order of frequency are attacked the interossei, next, the palmar eminences, next the deltoids. But progressive muscular atrophy may attack any muscle of the body first. Finally it attacks them all. It is a disease that by preference attacks the interossei muscles of the fingers, or if it begins in the lower extremities, those of the toes; we notice it next, after the interossei, in the deltoid muscle.

This is now the fourth case that has been presented to us this winter; which fact shows it to be not such an extremely rare disease as at first thought. In three of these cases the disease began in the hand; in this, the fourth, in the shoulder.

The diagnosis is unmistakable, if once you look at the hands. The paralysis that ensues is the result of the wasting away of the muscles; it does not precede the atrophy, as in a case of spinal or cerebral origin, but follows and is the effect of the atrophy. This fact enables us to exclude at once, then, any disease of spinal or cerebral origin, and is a strong argument in favor of the peripheric and not centric genesis of the disease. In this disease the paralysis is gradual; it occurs step by step, the muscles undergoing gradual atrophy, and a singular feature of the atrophy is that it occurs not in one muscle after another, in regular sequence of continuity, but in single detached muscles or in a group simultaneously. First it usually attacks the interossei, then it may skip to the deltoid, then it may invade other muscles of the hand. If it commences in the foot first, it may next appear in the face.

I am inclined to the belief that in this case, on account of the advanced atrophy here, it commenced first in the hands, and there it may have made considerable progress before the patient noticed it. Unless the subject of it be accustomed to perform delicate work, something in which deftness of the fingers is required, as in fine needle work or piano practice, the disease is apt to have made considerable progress before a physician is consulted; commencing in an individual accustomed to housework, it will probably not be noticed until the ability to lift the arm or clutch a broom is markedly impaired.

In the vast majority of cases the diagnosis can be made at a glance, by looking at the interossei muscles of the hand. The next point we notice is fibrillar twitching of the muscles. In any of the muscles partially invaded by the disease, we notice this—the irregular muscular fibrillation. But in muscles completely atrophied, like some of these, of course there is no twitching or flicker of muscular action, because there is no muscle. But muscular twitching is by no means pathognomonic of this disease; it simply means that atrophic changes are taking place in the muscle, and it is also present in muscles wasting from disease from any cause. It means irritation here, just as spasmodic contraction of a whole muscle or group of them points to a more general irritation. The arms, forearms and sides of the chest are all affected in this case—proof that the disease here is of long duration. You remember the first case we had before us. There was universal atrophy of the muscles of locomotion. The patient could not even speak; he

could only grunt out his replies. Bulbar paralysis had complicated the last end of the disease. There are cases on record where the individual has had the disease so far advanced as to have to lie like a statue in bed, and the only way the victim could express himself at all, was hy motions of the eyeballs. When I raise the arm of this patient the hand shows the peculiar and quite characteristic deformity of the bird's claw. It takes the shape of the foot of a chicken, just as it is raised from the ground. This shape is due entirely to the atrophy of the interossei muscles, all of which are innervated, as you know, by the ulnar nerve. It is the interossei muscles, and not the extensor communis, which extend the last two phalanges.

As we have already discussed didactically the etiology and pathology of this disease, we content ourselves here with a remark upon the prognosis and the treatment. What shall we say of the prognosis now, in the case that has just left us? The case is hopeless. The disease has advanced to too great a degree; to the most complete waste that it is possible to suffer; we cannot make new muscles; and the only question now is, can we arrest the disease where it is? We have no hope but in electricity. We may check the further progress of the disease by the use of the constant current. One pole is held at the nape of the neck and the other is swept over the affected muscles. It will take the patience of the horse to even put a stop to the advance of the disease. Often, at last, all efforts are futile. The prowess of atrophy strides on unchecked; the only real hope lies in the early recognition of the disease and treatment at the start. Look out, then, always, for helpless hands.

Myelitis.

Here is a case of a different kind altogether, sent here to our clinic, also, for a diagnosis. It is evident, of course, that this man cannot walk, or he would not be brought in on a chair. I question him before you. He has been affected with paralysis of the legs nearly a year. Before he was affected he was a common laborer in a starch factory. The trouble came on him gradually, his right leg being first affected, afterward, in about two months, his left. He has never had any trouble with his arms, and otherwise has only complained of some weakness of the back. The first thing he noticed wrong with the leg was the sensation of numbness in it—a feeling like pins. The upper half of his body is all right. Paraplegia. Now, what is the cause of this paraplegia? In the majority of cases, at this age (twenty-three) we look first for a specific cause. Under forty most paralyses are luetic. This patient presents no history to justify the suspicion of such a cause. We elicit none of the signs of it. Inspection shows no lesions.

He had been subjected to no unusual work previous to his first knowledge of the attack; to no cold nor wet. His bowels move every two or three days. He passes his water slowly. When his legs get cold they ache, and occasionally, he says, they fly out and tremble. That is a good point. They do that, he says, when he is perfectly quiet. Paraplegia, formication, spasmodic convulsion, sluggish micturition. Who can tell me the name of this disease?

Ans. Myelitis.

Right.

In the vast majority of cases, as just stated—it will bear repetition—myelitis, at this age, is due to a specific disease. A gummatous tumor interrupts the continuity of nerve trunks, or substitutes nerve cells. We do not get any cause for this disease, therefore we will treat it as specific. When in doubt, play trumps.

What else might this be? It might be spinal, badly so-called, essential paralysis. But essential paralysis is a rare disease in adults. Essential paralysis comes on suddenly in the child. Perhaps one leg, perhaps both, are affected. It is very rare for a child to be paraplegic.

It could not be muscular atrophy, because there is no atrophy; because, too, the lower extremities are only affected with atrophy in childhood; because, also, this paralysis is symmetrical. It might be a case of meningitis. If it were, we should have meningeal signs; preëminently, hyperæsthesia of the surface, with retention of motion. Here, there is paralysis and anæsthesia. So, you see, we are compelled to come back to myelitis.

What can be the cause of it? We have no satisfactory explanation of the cause. We will look very closely, in this case, for some injury. He says he was never hurt; but an individual may receive an injury that he would not recognize as severe. He may suffer concussion of the spine, for instance, from long riding on a railroad; but railroad conductors, who live on trains, do not suffer paraplegia. Shall we now fall back upon our scapegoat, and say it is due to catching cold? Where we have no specific disease, no wound, no caries of bone, no other origin, we take refuge in "catching cold," and talk learnedly about the "*locus minoris resistentiæ*." We know more about catching cold than we did a few years ago. We know now, that exposure of an overheated skin ("losing heat" is a truer term than "taking cold") to a lower temperature, drives in the blood from the surface to internal organs, and produces changes in those organs. Shorn rabbits, thus treated, become albuminuric, and there is found in the kidneys, in muscular tissue, and what concerns us now the most, in the nerve tissue, a proliferation of the connective tissue, which, if it continue, is, of course, organic disease. So cases are upon record where individuals have worked with a railroad train in the snow, worked to the point of exhaustion, and have then lain down upon a bank of snow and fallen asleep, and have then waked up paraplegic, from myelitis.

A paraplegia may be an entirely reflex affair. So it happens sometimes in dysentery and severe diarrhœa. I have seen it myself, lasting for a week or two and then disappearing, in tuberculosis. But such paraplegiæ are more wont to appear after disease of the bladder, the kidneys, or the uterus, or after injuries to nerves and joints. Lewisson found paraplegia to supervene in the lower animals, after crushing of the kidneys, the bladder, the uterus or certain parts of the intestines, a paraplegia which disappeared after relief of the irritation. A severe injury to peripheral

nerves, burning, for instance, with caustic, or freezing with ether, may induce a myelitis, that is, an inflammatory softening of the spinal cord, with paraplegia, incontinence of urine and death. And yet the main trunk of the nerve may not show the least sign of affection. These are pure cases of reflex paralysis.

Myelitis may involve the cervical region so high up as to affect the phrenic nerves, and thus paralyze the diaphragm. But in the vast majority of cases it is seated just where it is in this case, in the lumbar region of the spinal cord. Hence incontinence of urine and fæces are so often such prominent symptoms. We do not have this distress to contend with here, nor has the patient a bedsore. Bedsores belong pre-eminently to myelitis, because of the involvement of the trophic nerve centres with all the rest.

The prognosis will depend entirely upon the cause of the disease; nothing gives the physician such satisfaction as to discover a specific origin, because these are the cases which he can absolutely control.

If you have any, even the faintest suspicion that the disease is specific, administer the iodide of potassium in large doses. Failing with that, try a short course of the inunction treatment, and try it always, whether you suspect anything or not, that you may be saved from mortifying defeats at the hands of others.

There is a stage when all sensation is lost, when there is perfect analgesia, absolutely no sensation and no motion in the parts supplied by the nerves coming off below the point involved. You see what a large amount of fat and muscle there is still present in these legs. The disease has not advanced to that stage in this case. It is still in the stage of irritation. Later on in the history of the disease, when the nerve cells have been destroyed, the muscles in due course of time will undergo atrophy.

This is a very different kind of paralysis from the case which has just left us. In this the paralysis comes first; in the other the muscular atrophy; then the paralysis follows the atrophy.

The prognosis in cases like the one that has just gone out is bad, unless we can determine a specific cause of the disease.

In the beginning of the disease we do what we can by applying cold to the seat of the lesion. So long as irritative symptoms exist there is still hope for the patient; but when the total loss of all response, sensitive or motor, has supervened, the case is gloomy in the extreme. Still a hysterical case may be made to "take up her bed and walk," even after the lapse of months and years. So you may work miracles in two classes of cases, the hysterical and the syphilitic; in the one by electricity, in the other with potash and mercury.

Editorial Department.

Periscope.

Chloral in the Treatment of Puerperal Eclampsia.

In a paper on the above subject, which was read before the Midland Medical Society, by Hugh W. Thomas, M.R.C.S. (England), L.S.A., Birmingham, and an abstract of which was published in the *British Medical Journal*, of December 27th, 1879, the author says that the therapeutic value of chloral hydrate as a hypnotic has long been recognized by numerous authorities, both at home and abroad. Its value as an anæsthetic, more especially in puerperal eclampsia, is none the less evident. My experience of the drug, compared with other remedies in the treatment of this disease, has hitherto been very favorable, as will be shown in the brief notes below:—

Case 1.—The patient was an anæmic multipara, aged twenty-eight, in her eighth month of pregnancy. She seemed to have enjoyed excellent health up to seven days preceding her confinement. Then the extremities became œdematous and her urine diminished in quantity. When attacked, she was suddenly seized with a convulsion lasting about three minutes, followed by others of increased intensity at short intervals. Her medical attendant gave half-drachm doses of bromide of potassium every two hours, without the least effect. When I first saw the patient (about seven hours from the commencement of the attack), she was writhing under an intense paroxysm, accompanied with all the other phenomena peculiar to the disorder. In fact, she was hardly free from a convulsion. Owing to the injured and swollen state of the tongue, it was impossible to give anything by the mouth. Thereupon, a dose of forty grains of chloral hydrate was administered *per rectum*, in thin gruel made of milk and the yolk of an egg. In less than five minutes she became perfectly quiet. This was repeated at intervals of half an hour, and thus she was kept under perfect control, until her delivery, two hours later.

On examination the os and cervix uteri were found to be two-thirds dilated and dilatable, the membranes were entire, and a vertex presenting. After gradual dilatation the membranes were ruptured, Simpson's long forceps were applied, and the child (still-born) delivered without difficulty. The placenta gave no trouble, nor was there any *post-partum* hemorrhage. There being no return of the symptoms, the injections were now discontinued, when she fell into a sound sleep. About forty-eight hours after delivery consciousness returned, the faculties being unimpaired, although the interim was a perfect blank. The uterine contractions were not in the least interfered with by the use of the remedy.

Some catheterized urine was examined and found to contain one-third of albumen. On the fourteenth day the patient was out of bed, and in a month went into the country, as well as usual.

Case 2.—The next case was one in which the eclampsia occurred on the third day following parturition, in a plethoric multiparous patient. Here the attacks came on at intervals of one and two hours. The dose of chloral ordered was half a drachm every three hours. Suffice it to say there was no return of the symptoms after the first dose of medicine. She was up and about on the twelfth day.

In conclusion I would offer a few remarks on the claims which chloral has upon us for its advantages over other remedies in the treatment of the disease under consideration. According to Professor Liebreich, it is a quick anæsthetic, non-excitant, leaves no bad after-effects, and interferes but slightly with the cardiac nervous power. Its advantage over chloroform must, therefore, be apparent; for not only is it a quick anæsthetic, and is followed by no bad effects, but it is easily administered. By repeated doses at regular intervals my patients were kept perfectly under control. Again, its superiority over chloroform is evident when the practitioner happens to be single-handed, instances of which are of every-day occurrence in country practices, where surgeons are few and far between. The medical attendant would find it no easy task both to give chloroform and deliver his patient under such circumstances. Chloroform is also often followed by sickness, and with the tongue in the condition in which it usually is in eclampsia, would prevent anything that might come up into the throat from being got rid of, thereby favoring asphyxia. Not only can chloral be administered singly *per rectum*, but also in combination with nourishment, such as milk, eggs, etc.; thus saving the disturbance of the patient, as well as keeping up her vitality.

In the first case bromide of potassium was administered, but with no good result; its action, in my opinion, being too slow in this formidable disease. Opium and its alkaloids have been advocated; but where there is renal complication they are injurious, and of necessity contra-indicated. My first patient being anæmic, blood letting would not have been admissible; while in the second case it was not required; though chloral was given in both with the happiest results.

The Treatment of Hæmoptysis.

Willis E. Ford, M.D., of Utica, N. Y., in a paper on hemorrhages from the lungs, read before the Oneida County Medical Society, Oct. 14, 1879, and published in the *Buffalo Medical and Surgical Journal*, Jan., 1880, says—

Where there is great relaxation of the walls of the blood vessels, with continuous oozing of blood, the so-called hemostatics do but little good. Dry cups to the chest are of immense service. Five or ten may be applied at once, and repeated once or twice, if necessary. Next in importance is opium, given in such doses as to contract the pupils, to allay pain and nervousness, and to reduce the respirations to from fourteen to seventeen per minute, and this should be continued for several hours after all hemorrhage has ceased. Ergot is useful in connection with opium, for it undoubtedly assists in stimulating the vaso-motor nerves to give contractility to the arteries. Absolute rest must be enjoined in every case. Where there is any ulcerative process going on within the lung, and it is reasonable to suppose that the walls of a blood vessel have given way, then ice to the chest, together with ergot and opium, will do best.

In all cases of profuse hemorrhage the patient should lie upon the sound side, pretty well over upon the face, and should avoid, as much as possible, the act of coughing, so that blood will neither settle backward into the air cells nor be drawn in by forced inspiration.

Of course the after treatment in those cases in which the pleura is involved is of vastly more importance than the immediate relief of symptoms; rest to the lung, so far as possible, should be secured. Counter-irritation by means of iodine or dry cups should be applied every other day, together with the administration of tonics, and in some cases stimulants.

Two Cases of Nerve Stretching.

In the *Berliner Klin. Wochenschrift*, No. 46, 1879, Dr. Schüssler, of Bremen, describes a successful application of nerve stretching to a case of mimic spasm of the left side of the face, in a lady of thirty-nine. All other treatment having proved unavailing, and the severity of twitchings being such that the patient's health was seriously affected by the disturbance of her nightly rest, he exposed the trunk of the facial nerve, with antiseptic precautions, separated it from its sheath, and with a hook forcibly pulled it outward. After one or two attempts the twitchings, which at first were excited by touching the nerve, ceased in all parts supplied by it except the angle of the mouth and neck. By stretching the branch supplying these parts separately the twitchings were entirely checked. It should be stated that the trunk of the nerve was in a congested state. The operation took place on January 23d, 1879; on April 12th the paralysis of the left facial muscles caused by the nerve stretching had disappeared, there were no twitchings, and the patient could feel perfectly everywhere except in the lobe of the left ear. She was well in every respect except that at intervals of ten to fourteen days she felt pain in the left brow and upper part of the left cheek, which was worse at the monthly period. She had experienced similar pain, but much more frequently, before the operation. On June 6th, 1879, she reported that her health "left nothing to be desired." The twitchings, we should add, were first noticed in the summer of 1871.

The second case is published in No. 48 of the same journal, 1879. A man of forty was admitted into the Berlin Lazarus Hospital, under Dr. Carl Langenbuch, August 11th, 1879, with symptoms of marked locomotor ataxy, with very severe "electric pains" in all the limbs, which could not be relieved by any sedative. The left sciatic nerve seemed the seat of the most intense

pain, so Dr. Langenbuch began with that, on September 13th, operating antiseptically. The nerve trunk was found, on exposure, to be injected and somewhat swollen. The stretching entirely removed the pain in that region, and the motor and sensory paralysis which resulted disappeared in a few days. On September 25th the right sciatic and both crural nerves were stretched at a single sitting. The patient was thus not only freed from the pains in his legs, but the symptoms of ataxy also ceased. He was able after a short time to walk without assistance, with perfect control over the movements of his legs, and freedom from all disturbance of their sensibility. The arms, which were never affected to nearly the same extent as the lower extremities, and which had undergone no treatment, were still ataxic and painful at the time when Dr. Langenbuch wrote. The further progress of this case will be of great interest. It seems to be one in which the disease involves the peripheral nerves alone. Both in the case here given and in Dr. Schüssler's patient it may be said that it is only since the introduction of the antiseptic method that the operations described could have been attempted without great risk of dangerous after effects.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

OUR EXCHANGES.

It gives us pleasure to again welcome among our valued exchanges *Harper's Monthly*, *Harper's Weekly*, *Harper's Young People*, *Scribner's Monthly*, *and St. Nicholas*. Three numbers, January, February and March, lie before us, beautiful artistically, and rich in articles from some of our best writers. The "Winter Idyl," in Harper for March, is an exquisitely illustrated piece of prose poetry, and Scribner has a new attraction in Schuyler's "Life of Peter the Great."

Of our weekly exchanges—

——*Littell's Living Age* is first and best. Always prompt and welcome are "The Independent," "The Evangelist," "The Presbyterian Banner," "The Presbyterian," "The Christian Advocate," "Zion's Herald," "Temperance Advocate," "Sunday-School Times," "Germantown Telegraph," "Cincinnati W. Gazette," "Vermont Journal," and "Trenton Gazette."

——*Godey's Lady's Book*, for April, contains a handsome steel engraving by Darley, and a number of colored fashion plates, designs for ladies' work, stories, poetry, and other pleasant matter. Price per year $2.00; with the Reporter $7.50, in advance, for the two.

——In *Lippincott's Magazine*, for April, The tenth chapter of Dr. Oswald's "Summerland Sketches" describes the ruins of Uxmal, that mysterious buried city of the New World, which attests the existence, at some former period, of a race of builders on this Continent rivaling those of Nineveh in the grandeur of their designs, in mechanical skill, and in amplitude of means. "Three Lakes of Central New York" is a pleasantly written and well illustrated article by Frank H. Taylor. Several articles on popular hygiene are also in this number.

——*The North American Review*, for April, has for its leading article a paper entitled "McClellan's Last Service to the Republic," which covers the whole period of McClellan's military career, from the flank movement to the James to the battle of Antietam. It is intended to vindicate the General against the charge that he was over cautious and unnecessarily slow in his movements, and contains many statements of an interesting character. Sir Francis Hincks contributes a paper on the "Relations of Canada with the United States," and there are other writers of eminence.

——The *Atlantic Monthly*, for April, sets before its readers the usual service of good things which we always expect to find in its pages.

BOOK NOTICES.

A Manual of Pathological Histology. By V. Cornil, Assistant Professor in the Faculty of Medicine, of Paris, and L. Ranvier, Professor in the College of France. Translated, with notes and additions, by E. O. Shakspeare, A.M., M.D., and J. Henry C. Simes, M.D. With three hundred and sixty illustrations on wood. Philadelphia, Henry C. Lea, 1880. Leather, 8vo. pp. 784.

A knowledge of normal histology being indispensable for a comprehension of pathological histology, the first chapter of this work comprises a general examination of the constitution of cells and of normal tissues, and the normal histology of each organ is rapidly reviewed before commencing the study of its pathology. The material which has been utilized for the composition of this manual was derived from autopsies and operations in the hospitals of Paris. The authors disclaim any allegiance to any school, belonging neither to the German nor French, and are opposed to such divisions. In the translation the metrical system of weights and measures has been retained, but a few alterations and additions have been made, both in the text and illustrations,

permission having been granted by the Surgeon General of the Army, and Dr. J. J. Woodward, U.S.A., to use some of the important illustrations in the second part of the medical volume of the Medical and Surgical History of the War.

The work is divided into three parts, one treating of general pathological anatomy, a second of diseases of organs and arteries, and a third on the respiratory and digestive apparatus, the viscera, glands and skin. The illustrations are numerous and well printed. Some are original, others are drawn from previous works. As a whole, the treatise deserves high praise.

Headaches, their Nature, Causes and Treatment. By William Henry Day, M.D., etc. Third edition, with illustrations. Philadelphia, Lindsay & Blakiston, 1880. 8vo, pp. 322. Price $2.00.

Dr. Day's little treatise has met with a reception from the profession which has been quite favorable. It deserves such good fortune, for it is an excellent and convenient monograph. His classification is symptomatic and readily applied in the exigencies of practice, while his therapeutics is full and minute.

It is just to limit this praise with a critical observation. The author tells us he has made some additions to previous editions in this third one. He has not, however, revised the subject with proper fullness. Several recent and important papers on headache receive no mention whatever. The highly valuable reports on cannabis indica in sick headache, by Greene and Seguin, have been overlooked; and other instances could be readily adduced. Dr. Day has not revised the text as he should have done, therefore his work is not really up to our knowledge of the subject.

Pharmacology and Therapeutics; or Medicine, Past and Present. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital. London, MacMillan & Co., 1880. Cloth, 12mo, pp. 212. Price $1.50.

This work comprises the Goulstonian lectures delivered before the Royal College of Physicians in 1877. These lectures were written with the object of showing how the progress of therapeutics is aided by an exact knowledge of the action of drugs obtained by experiment. They may, therefore, be considered as an introduction to the study of rational therapeutics. The author gives a short historical résumé of the various methods by which the study of medicine has been pursued in the past, comparing these with the more rational and scientific methods of the present time, and he points out that it is the practice of acting as if the creations of the physician's imaginations were realities, without ascertaining whether they were so or not, that has proved so fatal to the progress of medicine; and that it is only through diligent comparison of ideas with facts by observation and experiment that we can hope for its advance. The importance of possessing a thorough knowledge, not only of the results obtained by experiments on the physiological action of drugs, but of the methods by which they were obtained, together with the interesting manner in which the subject is here presented, will render this work very instructive to the student of medicine.

Skin Diseases, Including Their Definition, Symptoms, Diagnosis, Prognosis, Morbid Anatomy, and Treatment. A Manual for Students and Practitioners. By Malcomb Morris, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, and formerly Clinical Assistant, Hospital for Diseases of the Skin, Stamford street, Blackfriars. With illustrations. Philadelphia. Henry C. Lea. 1880. Cloth, 12mo, pp. 320.

The first chapter of this work contains a brief outline of the anatomy and physiology of the skin, with seven illustrations. A few pages are then devoted to morbid anatomy and to the classification of diseases. Anatomically he considers the subject under two general divisions—diseases of the skin proper, and diseases of the appendages of the skin. These he arranges pathologically into classes and sub-classes; thus, under the first general division we have: 1. Exudations; *a*. Induced by infection or contagion; *b*. of internal or local origin. 2. Vascular. 3. Neuroses. 4. Hypertrophial. 5. Atrophial. 6. Neoplasmata; *a*, benign; *b*, malignant. Under the second division he treats of affections of the sebaceous glands, sweat glands, hair, and nails, and finally of parasitic affections, and eruptions produced by drugs. The author has handled his subject in a clear and concise manner, and as a text book to students his manual will be found useful. The illustrations are confined to the anatomy of healthy skin, and do not deserve any particular praise.

THE

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D. G. BRINTON, M.D., EDITOR.

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115 South Seventh Street,
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OUR FUTURE SUPPLY OF QUININE.

The efforts which the quinine manufacturers are making to have the duty replaced on the alkaloid are, as we recently pointed out, inconsistent with their own arguments, and also with the interests of the public. To be sure, the Act as it at present stands is, if anything, n greater evil than the duty was; it is undoubtedly more hurtful to the country, inasmuch as it is aimed to place American manufacturers at a really great disadvantage compared with foreign ones.

This is what the American chemists complain of; but they ought to ask, not for the restoration of the duty on quinine, but to be allowed a drawback on the revenue charges on the articles used in its manufacture. That they do not do this justly lays them open to the suspicion of insincerity in their arguments.

It is gratifying to see that some of the drug-trade Journals take exactly the view which we advocated in the discussion of the subject since it was first started; exactly the view which would unquestionably have been adopted by all unpartisan men, had this question been fairly discussed before Congress took any action on the subject. Thus, the Chicago *Pharmacist and Chemist* for March says—

"Unless our Government is determined to destroy this branch of manufacture in this country, it must make it at least possible for it to exist. To do this the duty need not be restored on quinine, but should be removed from bark, alcohol, fusel oil, and every other element or factor involved in its manufacture. With this relief, without doubt, our manufacturers will be able to cope with the world successfully. The difference in wages and interest of capital will be more than counterbalanced by the superior energy and ingenuity of American workmen, and by the use of labor-saving machinery and methods.

"The removal of the tax on alcohol to be used for medicinal and manufacturing purposes is a measure which should not longer be delayed. We know how great is the revenue therefrom, but just so great is the tax on meritorious industry, a part of which falls directly upon the sick."

There would be no practical difficulty in arranging the matter so that alcohol, etc., used for beverage and in many of the other arts should be taxed, while it should remain free in the manufacture of such an important article as quinine. No argument against this has been urged by the manufacturers; but inasmuch as they have not advocated this simple and obvious solution of the difficulty, they appear to be not wholly satisfied with its contemplation.

Meanwhile it will be gratifying to all to learn, as we do from the *Scientific American*, that Mr. WILLIS WEAVER, of Bogota, South America, has written a long letter to the Department of Agriculture, advocating the introduction of the cinchona tree in California.

After reviewing the conditions under which the cinchona tree thrives naturally in South America, and under cultivation, in India, Mr. Weaver says:—

"The cinchona seems to seek a dry soil, but a climate affording plenty of rain in certain parts of the year. The coasts of Northern California and Oregon would fulfill the conditions as to moisture; the slopes of the mountains would probably furnish hilly ground very similar to that occupied by the tree in its native habitat; while I believe that the temperature would admit of its cultivation even north of the mouth of the Columbia. It is also uncertain as to how far any undue dryness of the atmosphere may be overcome by irrigation. The surprising results already attained in the cultivation of the trees

prepare us to expect further advances, and this may be one of them, as naturally as anything else.

"It is well-known that the barks produced under cultivation are much superior to the natural bark, as the process of mossing the trees causes a remarkable development of the alkaloids in which their virtue consists; also, that the cultivated trees are not destroyed. A strip is taken off, reaching the length of the trunk and one third its circumference. The wound is then dressed with straw matting, and kept wet until the bark forms anew. The next year another strip is taken, and so on, indefinitely. I am told that the harvest begins when the tree is five years old, but am not in a position to verify the statement.

"I have calculated roughly, according to the prices of land and labor here, that a plantation of a hundred acres might be put in at less than $1000 an acre, covering all outlay, or say $1500, to cover interest and all contingencies."

A yield of $8000 an acre has been reported from Indian plantations. Mr. Weaver is convinced that, with a wise choice of sites and judicious treatment, together with a careful selection of the proper varieties, the cinchona tree could be cultivated in many parts of the Pacific coast, and probably in New Mexico; that if irrigation can be made to supply the place of a naturally moist climate, the cultivation can be carried into a large part of the Colorado Valley and Texas, as well as into Northern Georgia and Alabama, and thence north along the southern slope of the Blue Ridge. He would not be surprised if the hardier varieties were found to grow even in Virginia and Colorado and in Arkansas, in favored situations on the southern slope of the Ozark mountains.

Notes and Comments.

Therapeutical Notes.

SALICYLIC ACID MIXTURE.

Dr. J. W. C. O'Neil, of this State, sends us the following formula for salicylic acid, which has given much satisfaction:—

℞.	Salicylic acid,	ʒj	
	Borate soda,	ʒij	
	Glycerine,	f.ʒiss	
	Aqua camphor,	ʒiiss	
	Magend. sol. morph.,	ʒss.	M.

Tablespoonful doses in inflammatory rheumatism, 6–12–6, until pain is controlled. Apply locally in liniment of chloroform and comp. tinct. soap.

ANTIDOTE FOR CARBOLIC ACID.

Dr. Sanftleben claims to have found an antidote in sulphuric acid, which, according to his statement, enters into a not poisonous combination with carbolic acid; he prescribes the following:—

℞.	Dilute sulphuric acid,	10 grams	
	Muc. of gum arabic,	200 "	
	Simple syrup,	30 "	M.

Give a tablespoonful every hour.

COD-LIVER OIL AND CHLORAL.

A German exchange states that the following mixture is much used by the Lisbon physicians:

℞.	Olei morrhuæ,	19 | 0	
	Chlorali hydrati,	1 | 0	M.

The oil is said to be more agreeable to take, is soporific in character, and under its use the night sweats diminish and the strength increases.

FARADISM IN INTERMITTENTS.

In the St. Petersburg *Med. Woch.*, No. 40, Dr. L. Schröder gives 42 cases of recent chronic intermittent, intractable to ordinary remedies, cured by faradization. One electrode was placed on the left hypochondrium, the other slowly moved along the upper splenic border. The sittings were of five minutes, with reversion of the electrodes. Only two cases had relapses.

Reappearance of Menstruation after the Change of Life.

A curious case of this is reported to the *Lancet*, February 14th, by Dr. Sutherland:—

Eliza G., aged fifty-nine, began to menstruate when twelve years old. This then produced such a debilitating effect that at each period she was unable to walk. She married at twenty-seven, had seven children born alive and one miscarriage. She was regular up to the age of fifty-one; then the catamenia ceased until she was fifty-eight, when they began again. She was unable to account for this in any way.

Such instances are very rare, but some few have been reported.

Bromide of Potassium as a Local Anæsthetic.

In the St. Petersburg *Med. Wochenschrift*, Dr. Kijanizyn mentions the efficacy of a gargle of bromide of potash in strong solution, to obtund the sensory nerves of the pharynx and larynx, and passes to its allied application in the urinogenital organs. In painful acute and chronic urethritis, it often greatly reduces the hyperæsthesia; in pathological nocturnal emissions it is very available; and in painful strictures it may be used with advantage.

Acupuncture in Aneurism.

A case of aneurism of the subclavian artery treated by the insertion of needles was recently reported by M. C. Heath, of London.

On two occasions a grain of ergotin was injected into the subcutaneous tissue, without benefit. On Jan. 1, 1879, Mr. Heath introduced into the sac three pairs of fine sewing needles, making each pair cross within the sac. Considerable clotting of blood took place around the needles, which were withdrawn on the fifth day. The aneurism gradually became solid, but bronchitis supervened, and the patient sank on January 18th. The post-mortem examination showed the aneurism to be cured, the sac being nearly full of dense fibrine and communicating with the subclavian artery by a very small aperture close to the broken first rib.

Poisonous Wall Papers.

In a late paper on this subject, before the London Society of Arts, Mr. H. Carr states that some paper manufacturers assert that there is no economy or advantage in using arsenical colors. The color in which arsenic is principally introduced is emerald-green; but it is also used without absolute necessity in a great variety of colors—red, brown, some blues, pink, low-toned greens, French grays, black, and notably in magenta. There is no doubt that in any factory where arsenical colors are freely used for certain purposes, all the papers made will be more or less contaminated, thus accounting for the slight trace frequently found. It might be safely asserted that paper makers would suffer little injury in trade from an act entirely prohibiting the use of arsenic, except as regarded the stocks in hand.

A Parisian Cold.

A correspondent of a contemporary writes from Paris this winter: There is an affection which has prevailed to a great extent in Paris, and to me hitherto undescribed and undescribable. The French call it "la grippe," and the English influenza, but it is neither the one nor the other. It seems to me to be something between an ordinary "cold," which the French call "rhume," and influenza; for the symptoms do not present the gravity of the latter, and yet they are more severe than those of common catarrh. There is no fever present, but the malady is characterized by great prostration of strength, accompanied with a severe and troublesome cough, with a frothy expectoration, more or less viscid, but never purulent or even muco-purulent. It is occasionally fatal.

Aspidium Marginale in Tapeworm.

The oleo-resin of this species of male fern was used successfully by Dr. Cressler, in 1878, as a tænicide. Professor Maisch, at a recent meeting of the Pharmaceutical Society of this city, stated that he also had found it valuable. The oleo-resin, diluted with an equal bulk of alcohol, had been agitated with about fifteen or twenty times its weight of sugar, and afterward with sufficient water to form a syrup. Given in this manner, in divided doses, like oleo-resin of male fern, it was well borne by the stomach. The same method had subsequently been tried by Mr. Kennedy with equal success, as reported by him to the Pennsylvania Pharmaceutical Association, at its last meeting. The only points to be observed were that the rhizome should be sound and free from any brown or decayed portions.

Liquor Pancreaticus.

In an article by William Roberts, M.D., on the therapeutics of starch digestion, which was published in the *Practitioner*, December, 1879, the author says:—

"I cannot take leave of this subject without adverting to the extraordinary power of extract of pancreas (liquor pancreaticus) as a diastatic agent. In this respect it far transcends any malt extract. A sample, made by infusing one part of fresh pancreas with seven parts of water, was found, on trial, to possess fully twenty times the diastatic power of the above described standard malt infusion. Pancreatic extract must, therefore, be considered as taking the first rank among the available artificial aids to the digestion of starch."

Symmetrical Irritation and Anæsthesia.

It is well known that counter-irritation set up in the neighborhood of a painful part assuages the suffering or causes its entire cessation. It is a much more curious fact, however, which has lately been noticed by Dr. Dumontpallier, of Paris, that also when irritation is set up at symmetrical places upon the side of the body which is opposite to the seat of pain, such irritation often suffices completely and permanently to allay the pain. In a similar manner, if the symmetrical joint or muscle is anæsthetized by local measures, there is a sensible diminution of pain in the corresponding part on the opposite side. We have not had an opportunity to verify these interesting experiments, but they certainly merit attention.

Correspondence.

A Surgical Operation on a Horse while Under the Influence of an Anæsthetic.

Ed. Med. and Surg. Reporter:—

Seeing that you take an interest in all matters pertaining to the veterinary art, I will give you a brief history of an operation on a horse while the animal was under the influence of an anæsthetic; and I hope you will think it of sufficien interest to justify you in giving it space in the Medical and Surgical Reporter, as I think it is the first time a horse was put under the influence of an anæsthetic in this city or State, while undergoing an operation.

On January 1st I was called to see a horse belonging to a lady residing on Pine street, in this city, and on examining the animal, I found a discharge from the off nostril, with enlargement of the maxillary gland on the same side; on further examination I found we also had a fracture of the superior maxillary, with one if not two molar teeth loose and displaced. I then (as I had some years ago two cases of glanders in the same stable, and this horse was there then) put the animal under tonic treatment, until such time as the character of the discharge and other symptoms would satisfy me that it was not also affected with glanders, as the discharge resembled very much the discharge we find in cases of that disease; in fact, it was so much so that I declined to operate until there was a change in the case, that is, in the character of the discharge and other symptoms. As I had promised the lady to operate as soon as I felt safe, I watched the case very closely, and on the 5th I noticed for the first time a slight change in the color of the discharge, and on the 6th there was a complete change, so much so that I made arrangements to operate on the 8th, and invited a few friends to be present.

Operation.—Called on the afternoon of the 8th, and after making a good bed of straw in the carriage house, had the horse taken out on it, and then put the hobbles on and cast and secured him in the usual manner. I then commenced by pouring four ounces of sulphuric ether on a sponge that I had secured by a few stitches to the sides of a scoop made for the occasion by having a piece of heavy wire about four feet long bent round in the form of a ring at one end, and the other straight, leaving the ring about twelve inches in diameter; I then took a wide piece of oilcloth and put it over the upper face of the ring and pressed it down in the middle, as you would a filtering cloth in a funnel, until I got it deep enough to hold the sponge; it then looked very much like a small scoop net used by fishermen. I held the scoop over the nose in such a way that the animal would inhale the ether, and as the scoop was made, as I remarked above, of oilcloth, there was very little if any escaped, except what passed out of the main opening around and about the nose. And yet the four ounces was exhausted without having any effect on the horse. I then poured one ounce of ether and one ounce of chloroform on the sponge, and about the time this was exhausted I could see a slight change in the eye, but the animal was very sensitive, and when pricked with a pin would struggle. I then put one ounce of ether and two ounces of chloroform on the sponge, and after holding the scoop over the nose for a few seconds the eye changed so that you would almost imagine the animal was dead. The pulse remained full and a little slower than usual; the animal was then fully under the influence of the anæsthetic, and I commenced to operate, in sixteen minutes from the time I first put the scoop over the nose.

I found, on making a free incision through the muscles and exposing the superior maxillary, that it was fractured, and the third and fourth molar teeth loose, in fact, the portion of bone surrounding those teeth on the outside was broken in small pieces, therefore I had to extract the teeth and take away all the loose pieces of bone. This took one hour from the time I made the incision until it was closed and I was ready to take off the hobbles. It might be well to mention the fact that I only had to put the scoop to the nose twice while operating, and then only for a few seconds. After taking off the hobbles and letting a little water run off a sponge into the horse's mouth, he got up and staggered about for a few minutes, then drank a little water and walked to his stall as if nothing was the matter.

James McCoart, v.s.

317 *North Twenty-second St., Phila.*

Spontaneous Cure of a Case of Congenital Talipes Varus.

Ed. Med. and Surg. Reporter:—

On November 15th, 1879, at about 9 A.M., I was called to see Mrs. T., whom I found in labor. In about two hours she was delivered of a finely developed female child, perfect in every respect, except a decided talipes varus of the left foot. The tendon of the tibialis anticus was very prominent.

Having a very urgent call to attend another case of labor, I concluded to let the deformity take care of itself until my return next day, and in the meantime make up my mind how best to overcome it.

Unfortunately (?) I was unable to return till the second day, when, to my surprise, I found the deformity partially corrected. I at once resolved to give nature a further trial, and see what she could accomplish, and most nobly did she perform her work, for, at the time of writing, (three months since the birth of the child) the talipes varus has entirely disappeared, nature alone having performed the cure.

I am prompted to lay the case before the profession, from the fact that the few authors which I have consulted, viz, Druitt, Clarke, and Ashhurst, say nothing of spontaneous cures in such cases, but all recommend either some special corrective apparatus or tenotomy.

Ashhurst (page 623) says, "That in some very slight cases of congenital talipes varus the deformity can be remedied by simple manipulation and friction, repeated several times a day, but in cases of ordinary severity tenotomy must be resorted to," etc.

I have not had the opportunity to examine other authors, but from what the authors just quoted say, I am convinced that in such cases surgical interference is considered indispensable, be such interference either mild or heroic.

If any authors advise us to wait for natural results in such cases, or if any cases are on record (which I doubt not) to which I have no access, I would be very glad to hear from them, either through the editor or the readers of the REPORTER. If not, I think this case should cause us to expect more from natural results in all cases of congenital deformities, especially in healthy subjects, than a number of authors give us reason to hope for in their treatises on the subject. Had I followed the teaching of authors at hand I should certainly have interfered (surgically), with anxiety and worry to the parents, as well as suffering to the infant, with no better, perhaps not as good, a result.

GEO. P. YOST, M.D.

Loganville, York Co., Pa., March 6, 1880.

Complete Expulsion of the Amnion.

ED. MED. AND SURG. REPORTER:—

As the following novel case recently occurred with me in my practice—the first of the kind I have any recollection or knowledge of—I have concluded to report it to your journal. It is a case of birth, in which the child, completely enveloped in the amniotic sack, and a perfect placenta, were all thrown off at once by the same labor pain.

I was called, about 9 o'clock A.M., March 5th, 1880, to Mrs. —, aged about 24 years, in her fourth pregnancy, having attended her in her preceding labor, June 19th, 1877. I found her in bed, excited and with some fever, though without pain, and learned from her that shortly before, while moving about the house and yard, she had felt and observed quite an escape of water, evidently the amniotic fluid, although she had experienced no premonitory pains, and none at the time, nor immediately preceding my visit. I felt satisfied, from previous information regarding her condition, and from that furnished me at this visit, that her labor, if set in, was premature, her last catamenial period having shown itself the latter part of July, which, if correct, would bring her confinement to the latter part of April. I at once instituted the necessary digital examination and found great vaginal tenderness and soreness, with no dilatation of the os, and the cervix uteri not obliterated, but, on the contrary, elongated to about one-fourth of an inch. There had existed in her case, for several weeks previous, a decided leucorrhœal discharge, ichorous in its character, which would account for the great tenderness and soreness of the vagina. My directions were to remain quiet in bed, to have the hips elevated, and for the mother to employ at once a mustard cataplasm over the sacral region, and to use in addition, should pains supervene, an enema of cold water and laudanum, about forty or fifty drops, per rectum, endeavoring by these means to prevent a miscarriage. With these instructions I left, to attend other calls, with the request, if labor set in, to advise me at once. About 12 o'clock M. I was summoned to her case again, and learned on arriving that she had had frequent severe pains, which still continued. I again instituted another digital examination, and this time found dilatation of the os to the extent of a fifty cent piece. This state of the case determined me to remain, expecting an early delivery, though up to 6 o'clock P.M., notwithstanding regular, severe pains occurred at intervals respectively of five, ten or fifteen minutes, but little change in the dilatation or position of the fœtus had been effected, though the water had escaped freely.

Having other cases to visit, I again left, to be gone an hour or two, as I thought I could venture to do so safely; at about 7½ or 8 o'clock I returned and found pains less frequent and severe, and the strength of the patient much exhausted from lying upon her back. I again placed her upon her left side, my favorite position for attention to such cases, as I am thus enabled to give more satisfactory and efficient support to the mother. I made another digital examination, and this time somewhat altered the position of the head, which was the presenting part, occupying the first of Baudelocque. Pains were active and labor evidently resumed again, and about 9½ o'clock P.M., much to my surprise, the child, a female, weighing about 7 lbs., completely enveloped in the amniotic sack, together with a perfectly whole and detached placenta, came at once, necessitating my tearing open the sack and removing the child from it. Now, how to account for this entirety of the sack, when so large an amount of the waters had escaped, leaving none within the sack, is the question. There had been either a small hole, unperceived by me, through which the fluid was forced, or else a double sack, one of which preserved its integrity. The mother and child have been and are still doing well, up to this writing, and the latter will no doubt be a seer, as ha. been often predicted by the more superstitious, coming into the world as it did, under such circumstances.

A. R. EASKINE, M.D.

Huntsville, Ala., March 12th, 1880.

Sandalwood Oil in Cystitis.

ED. MED. AND SURG. REPORTER:—

In looking over the résumé of "Medical Agents in Cystitis," in Naphey's *Medical and Surgical Therapeutics*, and also in Atkinson's *Gynecological Therapeutics*, I have been surprised to observe the absence of mention of sandalwood oil. This leads me to believe that it is not generally used by the profession. I have used it for so many years, and with so much benefit to my patients, that if called upon to choose one drug from the entire materia medica, to the exclusion of all others, my choice would unhesitatingly be oil of sandalwood. I give it in capsules (preferably, on account of the usual greater purity of the oil and the facility of swallowing the soft capsule) in doses of one to three every six hours—according to the severity of the case—or in emulsion. In the latter case other remedies can be combined. Of course I do not use it to the exclusion of other treatment, but in all

cases I find it of the greatest benefit at some stage of the treatment, and I wish to make its use known to the profession, through your valuable journal.

I was led to use it first about ten years ago, in a very obstinate case, which resisted all treatment, by finding my patient relieved and cured by a proprietary remedy, put up in the form of a paste by a French chemist, the name of which has now escaped me. On examining the preparation I found that ol. santali was the foundation of the remedy. Since that time I have but once been obliged to irrigate the bladder and inject with arg. nitratis, or other remedies, although before using this remedy I was constantly called upon to do so.

The great humidity of the atmosphere in this region, combined with the frequent and rapid variations of temperature, make cystitis a very common complaint.

A fair trial will, I think, lead medical men to consider sandalwood oil a very valuable addition to their list of remedies in this disease.

WM. VARIAN, M.D.

Titusville, Pa., March 11, 1880.

Vaccination and Inoculation.

ED. MED. AND SURG. REPORTER:—

In the article (March 6th), "Does Vaccination Protect," it is given as one of the reasons why smallpox is more or less prevalent, that "Bovine Virus" is obtained by inoculating a cow with smallpox virus and using the lymph from the pustules for the purpose of vaccination, and that this dangerous error is not yet wholly extinct among the profession, and that all are not fully aware that the cowpox, which furnishes genuine virus, is wholly distinct from smallpox, and that one cannot produce the other, etc. Now, on the other hand, Flint, in his Practice of Medicine, page 905, third edition, speaking of the essential relation of vaccinia to variola, says: "Facts have shown conclusively that vaccinia in the cow may be produced by inoculation with smallpox virus taken from man. And that the disease produced in the cow, transferred to man, gives rise to vaccinia in the latter." And that the opinion held by Jenner, "That vaccinia and variola are essentially identical," is proven to be true. We want more light on this important subject. When doctors disagree who shall decide?

Bakerstown, Pa. ANDREW HARPER, M.D.

[We shall be glad to hear, on this subject, from some of the several medical men who are devoting special attention to bovine virus propagation. It is one of the utmost importance.—ED. REPORTER.]

Radical Cure of Hydrocele.

ED. MED. AND SURG. REPORTER:—

In spite of the oft-tried treatment of hydrocele by the injection of the strong tincture of iodine, and its almost certain success, we see it recommended to inject the diluted tincture, in the proportion of one part of iodine to two or three of water. Quite recently, at the clinic of the Jefferson Medical College, I saw a case of hydrocele operated on, in which the solution used for injection was largely diluted, being not stronger than one part of tincture of iodine to ten or twelve of water, the object being, as the operator said, to thoroughly distend the sac. Whether or not a cure was effected in this case I cannot say, but I know that this plan has failed in several instances in my hands, and such is the experience of many others. In two cases which came under my notice a short time back, I injected the diluted tincture, with a return of the disease; I then injected the strong tincture (two drachms), allowing it to remain in the sac, with perfect success. A third case, in which the sac contained three pints of fluid, was cured by the injection of four drachms of the strong tincture, allowing it to remain in the sac. In no case was there excessive inflammation. I cannot see why some surgeons will discard this well established truth, and recommend a plan that has repeatedly failed.

OSCAR LEEDOM, M.D.

Plymouth Meeting, Pa.

NEWS AND MISCELLANY.

Regular Physicians Dealing in Quack Medicines.

During the past several years letters have been received by the Dean of the Jefferson Medical College, and others connected with the institution, from people in different parts of the country, inquiring about the record of certain physicians in their neighborhood who were engaged in the manufacture and sale of proprietary or patent medicines, and who, in order to give weight to their representations of the merits of their goods, advertised extensively that they were graduates of the college and members of its alumni association.

In many cases it transpired that these self-dubbed M.D.'s were nothing more than "quacks," and never entered the college, while in other instances it appeared that the manufacturer of such goods was a graduate, and likewise, perhaps, a member of the alumni, and as such had violated the well known rules that are supposed to govern the professional actions of its members.

The college being perfectly powerless to act in the matter, the subject was finally brought up at the annual meeting of the Alumni, last Saturday, when the following resolutions were offered:—

"*Whereas*, Some graduates of the Jefferson Medical College have disgraced not only themselves, but, indirectly, the college, by openly violating the plainest principles of the ethics of the profession, notably by the manufacture and sale of secret preparations, and the practice of exclusive systems; and,

"*Whereas*, The college has no power to withdraw a degree once granted; therefore, be it

Resolved, That the president of the Alumni Association of the Jefferson Medical College be and is hereby authorized to appoint a committee of three members, of not less than five years' standing, to act in conjunction with the officers of this society. The duty of the committee shall

be to report to this association at its annual meeting such cases of irregular practice as may exist among its members.

Resolved, That to avoid personal controversies, no case shall be considered where the accused is a member in good standing of a county or district medical association which includes among its officers a board of censors. Moreover, that no case shall be reported by said committee without due notice of the action proposed to be taken, and without an opportunity for the accused to be heard in his own defence.

Resolved, That the Recording Secretary be requested to keep a book in which each graduate receiving a certificate of membership shall sign an agreement to return the same in the event of his expulsion by a vote of two-thirds of the members present at any annual meeting, under the condition set forth in the foregoing.

A Case of Morbid Sensitiveness.

A case of very uncalled-for sensitiveness has been developed in this city. The patients are some female medical students, matriculants of irregular institutions around town, who chose to attend the lectures on venereal diseases delivered by Dr. J. W. White, at the Philadelphia Hospital, and were so much shocked at the questions asked that, in their modesty, they appealed to the President of the Board of Guardians of the Poor to put a stop to that sort of thing. The President so far forgot the dignity and duty of his position as first to write a rude letter to Dr. White, leaving for a later day an examination as to whether the charge was true. Such men as Profs. William Pepper and H. C. Wood testified that all the questions complained of were such as are both usual, proper and necessary in examining venereal cases. The evidence fully exonerated Dr. White in all points.

This is the kind of women—eager to find dirtiness where it don't exist, and always ready to use the weakness of the other sex to blacken character—that will disgust right-thinking minds with countenancing their sex studying medicine at all.

The Apollo Belvidere.

M. Broca, *apropos* of a previous communication, informed the Society of Anthropology of Paris, at its last meeting, that for a long time he had been in search of a skeleton which corresponded in proportions and outline to that of the statue of the Apollo Belvidere. He had discovered that a negro skeleton alone presents similar proportions. The Apollo Belvidere has, in fact, thoroughly negro limbs.

Items.

—Experiments are being made in Paris with the polyscope, a new apparatus for illuminating the interior of animal organisms, rendering bodies transparent, so as to render an examination of every portion of a body feasible.

—The city of Taschkent, in Russia, has appropriated, through its Municipal Council, 8200 roubles for the purpose of aiding a female medical student to make her studies for the degree of M.D.

—Mrs. Benchley, of New York, stipulated in her will that an autopsy and dissection of her body should be made in the Woman's Medical College, and that her skeleton should be hung in the museum of that institution. The body was taken to the college and disposed of as desired. Deceased was the daughter of an Episcopal clergyman.

—The wife of a Norman peasant is ill. A physician is called in. "Will you pay me?" asks the mistrustful doctor. "Oh! Monsieur," says the husband, holding up five louis, "kill her or cure her, these are yours." The patient dies and the doctor demands the five louis. "Pardon!" says the widower. "Did you kill my wife?" "No." "Did you cure her?" "No, alas." "Very well, since you neither killed her nor cured her, you did not stand by our agreement, and I owe you nothing."

QUERIES AND REPLIES.

—*Dr. C. A. R., of Pa.*—Bromide of calcium is said to exert a sedative effect in hysteria and insomnia, when other bromides fail. The dose is 20 to 30 grs. for an adult. We believe it was first introduced by Dr. Hammond.

—*Dr. C. E. O., of Miss.*, asks: What is the action of quinia and calomel on the amœboid movement of the white corpuscles of the blood?

Ans.—The statement that quinia increases and calomel decreases the motive power or capacity for emigration of the white corpuscles of the blood, has been affirmed and also contradicted by respectable authorities on both sides. The probability lies in favor of such action, however.

—*Scriptor, of Conn.*—1. You should be aware that it is considered entirely improper to send copies of an article to two or more journals for simultaneous publication. 2. When an article is to appear in any Transactions or similar publication, it is not considered proper to publish it in a journal without the assent of the publication committee.

—*Poitrinaire, Pa.*—The reports on the value of benzoate of sodium inhalations in phthisis have been so conflicting, that it is difficult to form a correct opinion about them. The latest evidence seems favorable to their employment.

MARRIAGES.

HOPKINS—ROBERTS.—On the 28th of Second month, 1880, by Friends' ceremony, Dr. Charles E. Hopkins and Hannah W., daughter of Elihu Roberts, of this city.

DEATHS.

COOPER.—At the house of his son-in-law, H. W. Merchant, of Worcester, N. Y., on Sunday, Feb., 11th, 1880, of apoplexy, Dr. Tunis Cooper, aged 88 years.

GOERSEN.—In this city, suddenly, on the 3d inst., George F. Goersen, M.D., in the 63d year of his age.

HAILE.—Dr. A. B. Haile, a physician of about forty years' practice in Norwich, Ct., died March 9th, at the age of 74 years.

WARD.—At his late residence, No. 63 Madison Ave., New York, on March 4th, J. A. Ward, M.D.

THE

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Communications.

NERVOUS AND NEURALGIC AFFECTIONS SYMPTOMATIC OF DEFECT OF THE EYE.

BY E. W. HILL, M.D.,

Of Glens Falls, N. Y.

A Paper read before the Medical Society of Washington, Warren and Saratoga Counties, New York, February 17, 1880.

Gentlemen, in this age of progression it behooves us members of our noble profession to be ever on the alert for anything whereby we can in even a slight degree relieve our fellow beings from the sufferings entailed upon us at birth, or those we have incurred through carelessness, or by the necessities of our condition in life.

As it is desirous that each of us should contribute his share of professional work, I wish to draw your attention to that extensive, and to a certain degree imperfectly understood, class of cases called neuralgic. Although the discovery of curing nervous affections through the eye may seem new, if you will turn to the medical literature upon the subject you will find that two hundred years ago those poor unfortunate creatures who were afflicted with twitching and jerking, commonly called St. Vitus' Dance, were gathered together at stated places, and compelled to attend church, because the chanting of the clergy seemed to have a quieting effect upon them. But thanks to noble men in Germany, who set to work to investigate the cause of these various symptoms, these unfortunate persons were recognized as patients for physicians rather than subjects for the clergy. After long years of hard study and careful investigation with the microscope, it was found that the pathological symptoms were not sufficiently constant to give any very trustworthy results; and so attention was turned, with renewed vigor, to the symptomatology and etiology of the disease.

Then one thing was noticed, namely, that in all marked cases of nervous disturbance the eye always was in some degree abnormal, either in its muscular or retinal accommodation. There they stopped, not even recognizing the fact that the disturbance of the eye and these nervous symptoms were as cause and effect to each other, leaving the crowning point to be brought out by Prof. Donders, of Utrecht, and Dr. Stevens, of Albany.

The importance which recent popular medical writers are attaching to investigations into the condition of the eyes of our children serves also to furnish abundant proof of the intimate connection between nervous diseases and defects of the eyes. Of all the organs of the human body none are called upon to do such constant and ever changing tasks as the visual apparatus. I use the word apparatus, for the eye is really a very complex organ, and every time we look at any object there are three distinct sets of action to be gone through before the impression can be conveyed to the mind. We all said amen when the project was set on foot to have the engineers and firemen on our railroads pass a rigid examination as to the condition of their visual powers, and still we have our children under the care of teachers who, knowing little or nothing of physiology in general, and nothing at all of the eye in particular, never give it any thought, and never recognize it as an interpreter to the mind of surrounding objects.

My own experience furnishes an illustration. I have punished our son for being so heedless (as I thought) when he was reading. At the very commencement he would read for a few lines nicely, and then make the most egregious blunders: for instance, calling and only, though at, for because, etc. Upon making an examination of his eyes he was found to be hypermetropic (far sighted), and when that was properly corrected by glasses it was evident that the child had not been careless, but could not see, the letters all running together. To our surprise and satisfaction the wearing of the glasses improved not only his reading, but very markedly his general health. His character also is completely changed, from an irritable nervousness to that manliness we admire in a child.

I will now endeavor to give you a slight history of a few cases that have come under my care, and the results that have followed.

Mrs. A. B., thirty-five years of age, widowed; she has been a great sufferer from neuralgia for the past two years, with monthly paroxysms of intense suffering. So severe was the pain (during these monthly paroxysms) that she would lose all control of herself, and talk and act as none but a hysterical person can. In fact, she has had one attack since coming under my care, a paroxysm so severe that she did not know me when I entered her room, and commenced her jargon, ordering me out. The points where she suffered the most pain were in the stomach, back of head and neck, under the shoulder blades, and with the monthly attacks, in the pelvic region. Upon investigating into the family history, I found her to have been considered the strongest of all the children, and that she had enjoyed good health until some years ago, when she had a fall, striking the end of the spinal column upon the frozen ground with such force as to cause the blood to settle along the dorsal region in sufficient quantity to make it black and blue. She had not fully recovered from the fall when her husband was laid upon a bed of sickness, which proved fatal. She kept up until after his death, when she completely broke down in body and mind, and then it was that the neuralgic troubles fully developed themselves. Then came incessant and almost uncontrollable vomiting. It made little or no difference what she ate or drank, and the least excitement, as of a friend coming unexpectedly, or any sad news, would invariably cause vomiting. She did not think there was trouble with her eyes, although she knew that all the other members of the family had defective sight. She has hypermetropia compounded with astigmatism. The correction of this by glasses, and the strengthening of the muscles by proper treatment has entirely cured the neuralgic pains.

Miss G. B., a country school teacher, had always enjoyed excellent health, until, one day, returning from school, she lifted a heavy weight, and felt something (as she expressed it) give way. She was immediately taken with a pain in the back, nausea, headache, inability to endure any hard work without making her sick for a week or more. After being treated by a number of physicians, she called me. On making a diagnosis, I told her nothing but mechanical aid would reach her case. After some reluctance she consented to my plan of treatment, and was very much helped. Still she suffered from neuralgic and nervous disturbance; she was not able to teach a term without taking a week or two in the middle of the term to recruit her strength; and even then she had occasionally to consult me. Upon the occasion of one of these visits it occurred to me to examine as to the condition of her eyes. I found a slight difference between the two eyes, and also an astigmatism. She procured glasses to correct the disturbance of vision. Since then she has not consulted me, and has accomplished more work, in school and out, than at any time since she has been in poor health.

Miss H. N., a very bright and intelligent young lady of 18, consulted me on account of a pain in her head, which was of almost daily occurrence, and always worse in the latter part of the day. Upon days when she applied herself closely to any kind of work requiring the constant use of both eyes and mind, as embroidering, nice sewing or continuous reading, she not only had the headache, but also a pain under the left shoulder blade, and low down in the back, which she accounted for as caused by bending over to see her work. Upon questioning her about her powers of vision, she thought she could see as well as any one, except to play the organ after lamplight, when she could not see the music at all. I found some difference in the two eyes; the right one $\frac{20}{50}$ and the left $\frac{20}{30}$, with astigmatism complicating both. I gave her a prescription for glasses and sent her home with the assurance that in a very short time the headache, then the pain under the shoulder blade, and last, but surely, the pain in the back, would disappear. After she had worn the glasses a few days she came into my office, her very face showing the pleasure and satisfaction of her mind; she said, "I did not know what it was to see. The world looks entirely different, and so beautiful." I am pleased to state that

my assertion has proved correct, and she has lost the headache, pain under the shoulder blade and also in the back. Her father was opposed to her wearing glasses, but has since consulted me to know if his wife could be benefited as the daughter has been.

Miss G. A., a maiden lady, general health good, was sent to me to be fitted for glasses, as she could not sew or read more than a few minutes at a time without a blur coming over the eyes, and then, if she kept on, the eyes would become quite painful, and compel her to stop. After making an examination of her visual powers I found the trouble to be not in the eye itself, but in a lack of muscular power to properly converge the eyes. I told her if she would come to my office every day for a couple of weeks, I could so strengthen those muscles by proper exercise that she could read as long as she wished without glasses. After exercising the muscles about fifteen minutes per day, for a little more than two weeks, she informed me that she had fully realized all that she came for, as she could read as well and long as she desired.

In conclusion, let me impress upon you the importance of giving attention and study to the connection between defect of the eye and nervous troubles, as you will find that it is impossible to relieve the symptoms in this class of cases without removing the cause; and the cause is in the eye.

HYSTERIA—THREE CASES, WITH UNUSUAL SYMPTOMS.

BY S. A. WAUCHOPE, M.D.,
Of Lake City, Florida.

In a varied experience of over thirty years there will surely occur to practitioners many cases worthy to be recorded, if not for anything very extraordinary in their symptoms and manner of treatment, to the physicians of the city, who have the advantages of hospitals and dispensaries, yet because they are interesting and instructive to the country doctor and young physicians just entering into practice. For these I will relate the following, taken from memory, and accurate only in the general consideration of symptoms and one or two unusual modes of treatment.

Case 1.—Sally, aged eighteen, a slave of a planter in Virginia; in the summer of 1851 she was sent by her mother, the cook, to the wood lot, for some wood. Having obtained it, she placed it upon her shoulder, to carry it to the kitchen; on opening the gate to enter the yard, she fell prostrate upon the ground and was picked up and carried, senseless, to the house, and laid upon a bed. Dr. Charles Miller, living one mile distant, was sent for, and myself (the family physician), living three miles away. Dr. Miller being informed that it was a very urgent case, though not regularly practicing, immediately answered the call, and, of course, arrived first. He used every restorative he could think of at the time, and when I arrived, informed me that he was at a loss what else to do. I think she had been bled; sinapisms had been freely applied: stimulating foot baths, frictions to the spine and extremities, ammonia to the nostrils, enemata, etc., yet no sign of consciousness nor sensibility, nor even motion, could be produced. Of course, nothing could be administered by the mouth. Believing and saying that "a doubtful remedy is better than none," I advised the application of boiling hot water to the spine, at the ligamentum nuchæ. This he agreed to, and it was applied by means of a mop, made of a rag wrapped around the end of a small twig of a peach tree. No sooner was it applied than Sally flinched, opened her eyes, and asked what he was doing. Sensation was soon fully restored, she swallowed readily and without hesitation whatever food and medicine were offered her, and in four or five days was again quite well. I think we gave little or no medicine after the first day.

Case 2.—Mary Cody, a young white woman, aged twenty-two, sent for me to extract a molar tooth. In attempting to do so she seized my hand which was holding the forceps applied to the tooth, and crushed the tooth, and, of course, suffered with increased and agonizing pain. It occurred to me, having recently attended some lectures on psychology and mesmerism, to make an experiment upon her. This was putting to the test a power which I was ignorant of possessing; but I told her in a very positive and confident tone of voice that I would soon relieve her of all pain by putting her to sleep, and that when she awoke there would be no more toothache. So I seated her in a chair, made some passes over her face, and seating myself some eight or ten feet from her, and looking steadily in her eyes for some time was surprised, in five or six minutes, to find her going into a mesmeric sleep. This soon became so profound as to render her insensible to all pain attempted to be given her by pinching, and the pricks of needles, etc., made by several ladies who were in the room. They called to her, shook her, and tried to arouse her, without any notice whatever; yet she heard me, and answered several questions, and when, at last, I told her she would awake at a certain moment.

relieved of all pain and cured of the toothache, I pulled out my watch and curiously awaited the result. At the exact minute, to the surprise of all, she opened her eyes and pronounced herself well and entirely relieved of pain.

It was necessary to relate the foregoing in order to show her great impressibility to mental impressions, and to account for the manner by which she was relieved from two attacks of hysteria the following year.

The first attack came on suddenly, and alarmed both her and the family with whom she was stopping. It was, as it were, a complete and firm locking of the jaws and teeth. Two eminent physicians of the place were sent for, who, I was told, did all they could to relieve her, without any effect. She was able to write, and dismissed them, and wrote on the table, with chalk, to have me sent for. When I arrived I found her in the condition above described. She and her friends told me what had been attempted to be done for her, and that the Drs. had pronounced her case "lockjaw," and that they did not know how to relieve her. I was puzzled also to know what steps to take to relieve her, until she reminded me that she was the same person I had cured of the toothache the preceding year. So I immediately put into practice my psychological experience, and in a few minutes had the satisfaction of loosing Miss Mary's jaws and tongue. In five or six months she removed into the country, some twelve miles or more from town. She told the friends she was visiting the singular attack she had had in town, and the prompt relief I had given her, and it was not very long before I received a note from Dr. W. P. Barksdale, who lives near where she was, "that Miss Mary Cody had lockjaw, of which he could not relieve her, and that he and the family wished that I would come for that purpose, as they had heard her speak of my curing her before."

These two were all that I ever knew her to have, and I have had no others to call upon me to restore them psychologically. *Three* physicians of reputation did not recognize hysteria!

Case 3.—This occurred during the present year, in Lake city. In the month of May I was called to see Mrs. B., who, her husband informed me, was thought to be dying, as she could not speak, nor could anything be given her by the mouth. I found her surrounded by anxious friends, some of whom were rubbing her limbs with mustard and applying camphor to her nostrils. I tried to get her to open her mouth, and to make her speak, in both of which I failed, nor did she seem to be at all conscious of my presence. Recollecting my experience in Virginia, and the similarity of the symptoms, I called for a kettle of hot water, and as soon as it was obtained, applied it to the back of the neck, as in Case No. 1, with a like result. I ordered a stimulating enema, and the ammoniated tinct. of valerian, in drachm doses, three times a day. In a week Mrs. B. was up attending to her domestic duties, and has had no return of her attacks until this date, March 6th, 1880.

Hospital Reports.

BELLEVUE HOSPITAL, N. Y.

CLINIC BY WILLIAM M. POLK, M.D.,

Professor of Obstetrics, and of the Diseases of Women and Children, in the University of New York.

Reported for the Medical and Surgical Reporter.

Hydatids of the Liver.

Gentlemen—We have here a specimen of hydatids of the liver. The patient, however, did not die from the hydatids. The cyst was entire at the time of its removal. The real cause of death in this case was rupture of the duct of the gall bladder. The hydatid cyst lay just alongside the cystic duct, and by its growth, doubtless, exerted pressure upon the duct to such an extent as to prevent an escape of the bile, which by over accumulation led to a slight rupture of the duct, and, of course, peritonitis speedily followed.

The history of the case is a rather interesting one, for the reason that we were misled in our diagnosis; that is, we were partially misled. The patient was admitted on March 2d. She said that until about two weeks before her admission she had been perfectly healthy. The hydatid, therefore, did not cause any special symptoms previously. At that time, while at work, she was seized with a sharp pain in the right side, located just about the free border of the ribs, in the region of the gall bladder. The pain ran up toward the right shoulder, and was relieved somewhat by pressure. She vomited a greenish material, that is, she had bilious vomiting. Two or three days later she became jaundiced, and was markedly jaundiced at the time of admission. She says that after a few days the right side became tender. The tenderness was secondary to the acute pain which she had on the first day. She was found to be very much jaundiced, had the ordinary clay-colored stools and high colored urine, indicating, of course, the presence of biliary matters. The hepatic region was very tender; there seemed to be flatness at one point, which was supposed to be due to a distended gall bladder. You know that if a line be drawn from the umbilicus to the right nipple, it will pass over the gall bladder. This flatness was on the right of that line, but extended up to it, and this fact indueed us to think that it was due to a distended gall bladder. But when you come to look at the relations of that tumor to the

gall bladder, you will see that it is probable we had two tumors under our finger, a distended gall bladder and a hydatid cyst. They lay side by side.

The hepatic region, I say, was very tender; so tender, indeed, that we could not make a full investigation. We tried, on three or four different occasions, to make palpation and percussion in such a way as to determine the exact nature of the tumor, but it was impossible to do so. It gave so much pain that we were obliged to desist.

The general condition of the patient continued about the same up to March 8th, when the pain began to extend over the entire abdomen, and on the 9th there was very well marked tympanites. The temperature was normal, but if I remember correctly it rose a little in the course of the afternoon. The pulse was 112. The patient was put upon the opium treatment, it being evidently a case of peritonitis. She went along fairly, up to the morning of the 10th, but that morning she began to sink suddenly, and by night had died. At the autopsy it was found, as I have said, that there was a hydatid cyst, and along with it this enlarged gall bladder and ruptured cystic duct, the rupture being, in all probability, due to a constriction and inflammation of the duct, from pressure of the hydatid.

Now, there are one or two interesting points connected with the case. In the first place, what does the history point to? A woman comes to you slightly jaundiced, tells you that two weeks ago she was perfectly well, but that at that time she was suddenly seized with pain in the right side, accompanied by nausea and vomiting; that the pain subsided after a time, but in the course of a day or two a little tenderness returned. What inference would you draw from that history? "That a gall stone had caused the symptoms." Very good. That is almost a typical history of the symptoms accompanying the passage of gall stone, and that was the inference which we drew from the history. We supposed that a general peritonitis was excited by rupture of the gall bladder or its duct, and in this supposition we were correct, as the post-mortem showed; but we attributed the cause of the rupture to the passage of a gall stone, and here is where we made a mistake in the diagnosis.

The peritonitis had been most marked at the point of rupture of the cystic duct, and from there it spread and became general after a few days. There was found, on post-mortem, a good deal of bile in the cavity of the peritoneum.

There is another point in connection with this case to which I wish to call your attention, and that relates to the temperature. The temperature was not above ninety-eight and a half for at least five hours after the evidences of general peritonitis showed themselves. Now, you will find it stated in your books that a high range of temperature is an evidence of peritonitis: it is, in fact, laid down as a rule, that an elevated temperature is a point that enables you to diagnosticate between the pain of peritonitis and the pain of colic or enteralgia, etc. But here is a case in which the temperature was normal, even though a local peritonitis had been present at least a week before the patient came into the hospital, and for a time after the development of general peritonitis.

Measles.

Case 2.—The next patient whom I shall show you is a baby. In the first place, this child presented a complication soon after birth which you are liable to meet with in any case, and which may sometimes cause you a little anxiety. A needless anxiety, too. During thirty-six hours after birth it passed no water. When we examined for the cause we found the urinary passages intact; there was nothing wrong. A small probe could be introduced into the bladder without any trouble. There was found to be no distention of the bladder. The trouble was simply a lack of urinary secretion. It is not infrequently the case that the secretion of the urine is postponed for a little while after the birth of the child, and yet it does not give the patient any trouble. It is supposed that this delay in the secretion is associated with plugging up of the tubules by urate of soda deposit, which you know is a common thing in new born children. After awhile, however, the pressure from behind dislodges the urate of soda deposit, and the secretion of urine goes on naturally.

In these cases, about the only thing to be done is to apply warm applications over the region of the kidneys, and give the patient some simple diuretic, such as a few drops of the sweet spirits of nitre. A remedy which has a very good effect, not alone upon the child, but upon the minds of the parents as well, is watermelon seed tea. You have to give them something, and that is about as good as anything. You may be sure, however, that the secretion of urine will become established any way.

Everything seemed to be going on well with this little one, when it was noticed that there was some blotching of the skin; in other words, an eruption, which began on the child's face and neck, and gradually extended over the entire body. Now, there accompanied the eruption some heat—fever—not much. There had been no previous cough of any consequence, but when we looked into the child's throat we found a good deal of redness, and this redness was in spots. There were red spots over the pharynx, and particularly over the region of the hard palate, in the roof of the mouth. Now, the eruption which had occurred on the face, and then extended until it had spread over the entire body, was not a diffuse redness at any time; it occurred in spots, which spots became larger and larger as time went on. It was noticed that the spots were irregular in shape; they had no definite outline, and the acme of the eruption was reached yesterday. It began then to fade away, and presented very much the appearance that you see now, a copperish appearance. Now, what is that eruption? "It looks something like the eruption of measles." It is a case of measles. The eruption is now, of course, in such a condition that it is not so easy to make a diagnosis as it was at first, because it has become more diffuse. It is very difficult to tell whether there are any patches of healthy skin between the blotches of eruption; and, moreover, the temperature has subsided. The eruption now looks not unlike that of scarlet

fever. Now, in distinguishing between the two, you will have no difficulty, if you see the patient at the commencement of the eruption. If you look at even this patient closely, you need have no difficulty in making the diagnosis. If the child were older it would be less difficult still, but at its present age the skin is naturally very red, and the individual spots of eruption are less distinct from the skin of a normal color about them. Now, in scarlet fever, as you know, the eruption is diffuse; it is quite as diffuse as the eruption of erysipelas, but, of course, there is not the swelling of the skin that accompanies erysipelatous eruption. But there is a diffuse erythema without any spots of whiteness between the patches. The eruption of measles, as I have said, begins in spots, and in that respect resembles a flea bite; it begins on the face and gradually extends until it involves the throat and the entire body, covering even the palms of the hands and the soles of the feet; but you will be able to detect spots of skin between the points of eruption that are not fully inflamed. Some of the patches of eruption may be almost as large as the palm of your hand, but alongside the patches you will find a spot of skin normal in color or nearly so. But not so in scarlet fever.

In a child of this age the occurrence of measles is apt to be overlooked, because you are less likely to have the premonitions of the disease than in a child of a few years of age. In a child two or three years old, or even one year old, the premonitions of measles are so well marked that it is difficult to overlook them. You may suppose it to be simply a case of ordinary influenza, because the premonitions of measles are not unlike those which belong to an ordinary severe attack of influenza; but if you look early into the child's throat, you will there find something which should arouse your suspicions, and, in certain cases, even settle the diagnosis before the eruption makes its appearance upon the surface. What I allude to is an erythema in the throat; a rash that appears upon the fauces, extending, perhaps, to the uvula, and in some cases covering the roof of the mouth. In fact, I think that in the majority of cases which I have seen during the past five years this eruption appeared upon the roof of the mouth twelve hours before the eruption appeared upon the skin. It has very much the characteristics there that it has upon the skin; that is, it is blotched, uneven. In scarlet fever you have a diffuse redness of the throat, but in measles, as I have said, the redness has a blotched appearance.

In this case there had been very little constitutional disturbance. The child's age may account, in part, for that, but I have seen just as high temperature in a child of this age as in those of five or six years of age. At any rate, this was a mild case of measles; there was not much fever. Generally, the eruption and the fever of measles correspond in severity. But in some cases the fever may run high and the eruption not come out, on account of some complication; such cases, however, are rare, and the presence of the complication will account for the absence of the eruption. But in an uncomplicated case, if there be not much eruption the case will be a mild one.

With regard to the treatment of this case, we have done nothing. The child has shown no bad symptoms at any time, and in treating measles I confine myself, as a rule, to meeting symptoms as they arise. It is a self-limiting disease, and one which, under ordinary circumstances, will get well. Of course, if the child have a laryngitis or a bronchitis, or a pneumonia, there is danger of a fatal termination, or, at any rate, the prognosis is not so good. When such complications arise the indications for treatment are such as belong to them respectively. In a case of simple measles, put the child to bed, to insure warmth and protection: keep the bowels open by some mild laxative, as castor oil, if the child will take it; then support it by nutritive food, and such as is easily digested. For a child of this age, the breast, of course, is the only proper source of food; for an older child, milk, beef extract, and things of that sort may be given. Stimulants are indicated only by the condition of the pulse. Where the pulse indicates heart failure, stimulants are to be used; otherwise, not. Now, cough is very frequently a troublesome and an obstinate symptom in these cases, particularly in the earlier stages, and the cough, by the way, has something characteristic about it, so that it would of itself oftentimes suggest measles. It is a dry, hacking, constant cough. The best treatment for that is local applications to the throat, because the cough is due entirely to the condition of the pharynx. The local application which insures the best results is some slight astringent wash, as tannin and glycerine, or lime and glycerine. It is important in these cases to protect the child from exposure for a little while after the eruption has subsided, because as long as there is that scurfiness of the skin which indicates desquamation you may be sure that the mucous membrane is in a condition in which it will readily take on inflammation. Therefore, the child should be protected against taking cold; from getting up a bronchitis. I think it wise to keep it in doors for at least four weeks from the time that the eruption made its appearance. As soon as the redness of the skin has subsided, and before desquamation is complete, there is no objection to the child taking a bath, in order to hasten desquamation as much as possible. If there be excessive irritation of the skin, as there often is, then the local application of vaseline to the skin will have a tendency to check it. Oil the child from head to foot with ordinary vaseline.

Pelvic Cellulitis.

The next patient whom I shall present to you is one whose history I do not yet know. She tells me that she is twenty-nine years of age, that she is married, and has borne three children. She says that her last labor was a cross birth; and after a previous one inflammation had set in, which confined her to her bed for seven months. She has not been in good health since her last labor: she has noticed a constant discharge from her womb, of a yellowish-colored material. She has pain in her back, and her appetite is not good.

She has, then, since her last labor, been an invalid, her symptoms being a constant leucorrhœal discharge, a pain in the back, a feeling of

prostration, a weakness which is accompanied by disorder of the nervous system, and a tendency to easy crying, or what we call hysterical symptoms, and a certain amount of loss of appetite.

Now, gentlemen, that is the history of the case. The symptoms, of course, point clearly to some difficulty connected with the uterus, or at any rate, with the genital organs. In all likelihood the inflammation which she said occurred in her first labor subsided sufficiently, so that her health became very good before her last labor. But at her last labor there was a good deal of difficulty, on account of the mal-presentation, and since then there has been this discharge. The lochia ended, apparently, that is, the lochia proper. But a discharge returned, which discharge was only muco-purulent. She is twenty-nine years of age, and so far as her other organs are concerned, she is healthy.

Now, when I come to make an examination I find that there is a good deal more moisture about the external genitals than there should be. There is a certain amount of apparent tenderness, which seems to be more nervousness than anything else. But when I introduce my finger well into the vagina I find that the cervix uteri is a little irregular, that it seems to be slit. Therefore, I infer that there is a laceration of the cervix. The laceration is greater upon the left side than upon the right. Now, when I try to move the uterus, I find that it is fixed—not completely; the cervix is movable, but the body is fixed; and the moment I pass my hand to the left side of the uterus I find an egg-shaped tumor, which lies between the body of the uterus and the left lateral wall of the pelvis, evidently in the left broad ligament. The tumor is very sensitive, as you see; the slightest pressure brings out an exclamation of pain. Now, when I press on the front of the uterus I find no trouble there at all. On the right of the uterus everything is perfectly free; I can get my fingers well up into the side of the pelvis; but when I come to the back of the uterus, however, I find that there is a hardness, which is evidently connected with the right broad ligament. In fact, the two indurations are continuous. Now, what do you think is the matter with her? "She has, for one thing, a lacerated cervix." Yes. That we can very readily make out. But what causes the immobility of the body of the uterus? What is that tumor that I find upon the left side of the uterus, between the uterus and the left lateral wall, which is so exquisitely sensitive? "It may be an ovarian tumor." If it were it would be movable, and it would not be so sensitive. Will not some one ask a question which will help bring out the true condition of things? How about the matter of temperature? Now suppose there was a high fever along with such a swelling as that; what would it point to? "Cellulitis." Quite correct. As soon as the high temperature is mentioned you think at once of pelvic cellulitis. Now, of course, it is possible for an ovary to be in the location in which we find this tumor; to have gotten there and be retained there by adhesions; and it is possible for such an ovary to be sensitive to the touch, and to give rise to all the pain that we find here. But in that event there would not be fever. I do not refer to that acute inflammation of the ovaries which is also accompanied by some cellulitis, for there would be fever.

The increase of temperature which exists in this patient shows us that there is some focus of inflammation somewhere, and she complains of no symptoms that would point anywhere else than to the iliac fossa; and there we find a sensitive tumor, which is evidently attached to the body of the uterus on the one hand, and to the side of the pelvis on the other hand. It can be nothing but pelvic cellulitis.

These cases are interesting, in the first place, because of the frequency of their occurrence. It is an inflammation that is more likely to occur after operations about the uterus, and a number of operations on the vagina, than any other. It is one, too, that is frequently associated with labor, that is, with the parturient state; one of the after consequences of labor. It is oftentimes connected even with the use of the sponge or other tent for the purpose of dilating the cervix. One of the worst cases of pelvic cellutitis that I had in this hospital last winter was due simply to trying to dilate the os in order to explore the uterus, and where I succeeded only in dilating the external portion of the canal. This shows how slight a cause will set up an inflammation here. Now, because of its frequency as a complication in the various operations and procedures connected with the treatment of uterine diseases, it becomes us to study it carefully.

Now, I wish to call your attention to the probable origin of the difficulty here. I think it more than probable that this patient, at the completion of her first labor, had a cellulitis, and just at this very spot. She spoke, you know, of having an illness of several months' duration. Now that is one of the characteristics of pelvic cellulitis, namely, that it is long drawn out, and is wearying to the patience of the patient, as well as to that of the practitioner. But she evidently got better; no suppuration occurred. There was, doubtless, an exudation of lymph, which was in time absorbed, so that a good deal of mobility remained to the uterus; a sufficient amount to allow of impregnation in two succeeding instances. But when once pelvic cellulitis has occurred, there is a tendency for it to recur at that same place. There was no complication at all at this woman's second labor, but her third labor was difficult; it was a case of cross birth, and following it she had another inflammation. The laceration of the cervix, I presume, occurred in her first labor, for the reason that that is the time at which laceration of the cervix most frequently takes place. Owing to the efforts at delivery, probably, in her third labor, inflammation was lighted up again, and she had some little trouble succeeding it, but that probably subsided. She came in here and was operated upon for laceration of the cervix. That was done six weeks ago. Now, I take it for granted that at the time of the operation there was probably nothing more than adhesions at the point of the old cellulitis. I say I take it for granted, for there is a rule in gynæcology never to operate upon the uterus or its appendages where there is the slighest symptom of inflammation outside the body of the uterus. So that if a cellulitis had

been in active progress, or if there had been even a considerable induration at that time, I take it for granted that the operation would not have been done. But it was done, and was partially successful. The occlusion of the laceration was complete on one side. But that is not the special point to which I wish to call your attention. As a result of the operation she has again developed a cellulitis at the point where it formerly existed, and I am afraid, from the symptoms she now presents, that she may not escape suppuration in this instance. Heretofore it has been simply the first stage of inflammation, which went on to an extravasation of serum and lymph, and there ended, the material being subsequently absorbed. Therefore the termination of the pelvic cellulitis in the first two instances, I think, was resolution, but in this instance it may end in suppuration. Where these cases do end in suppuration they require great care in their management.

Where suppuration does occur, you will find that, in the majority of instances, it will discharge either through the vagina or through the rectum. It percolates down into the vagino-rectal space, and comes away in one way or the other just mentioned, according to the density of the tissue. In other cases it may rise up into the iliac fossa, and open upon the anterior surface of the abdomen, resembling, in that case, those abscesses which accompany cases of perityphlitis. Then, again, it may empty itself into the bladder, and lastly, it may empty into the peritoneal cavity. Of course, if it does so, that speedily puts an end to all question of treatment, for if it occur suddenly it constitutes a fatal complication. If it occur slowly, so as to give time for the surfaces to become adhered together and form a sack, it may open into the intestine and escape, as in certain cases it does, by the rectum.

Now, what are we to do in a case of pelvic inflammation or pelvic cellulitis such as we have here? I will, however, first suppose that we have seen the patient at an earlier stage of the disease than exists here, that is, when the inflammation is first initiated. In that case a great deal can be done by resorting at once to local depletion by means of leeches applied to the cervix. You can use for the purpose either natural or artificial leeching. In addition you must use warm fomentations. Now, these warm fomentations seem to be trifling if they are not persisted in, but if they are persisted in they are capable of doing a great deal of good. The warm fomentations are to be applied in the shape of poultices over the abdomen. But that is only half; in fact, only one-fourth. The other three fourths consists in the assiduous use of hot vaginal douches. Now, these douches are to be used at least every three hours. They may be composed of simple water, or of salt and water. Two tablespoonfuls of salt to a pint of hot water may be used every two hours, for at least the first twenty-four, and after that every three hours, and in the course of a third twenty-four hours it may be used every four or five hours. Now, by pursuing that course you will be surprised at the number of cases of pelvic inflammation of this kind which you will be able to abort, particularly if the patient be in good condition otherwise. Of course, if a patient be broken down by previous disease the chances are in favor of a failure. Only lately I operated on a patient for a tumor of the uterus, and as a result a pelvic cellulitis developed, and by treating it in this way the inflammation subsided within a week or ten days. But in case, however, the disease should go on in spite of the measures you are using, you should continue the use of the fomentations, but not so often as in the first instance. Once in four or five hours will be often enough, and this must be continued three or four weeks; very irksome to the patient and annoying to the attendant; but you must remember that your only hope is to persist in these measures for bringing about resolution.

In certain cases you will do good by employing large doses of iodide of potash, doses of twenty grains each, three times a day, provided the patient's stomach will bear it. In case suppuration is to occur, you will encourage that by fomeatations, as before, so that really the fomentations, you see, form the chief method of treatment throughout the whole case. You are to promote suppuration, then, as far as possible, and if there is a tendency to point in the vagina, further that as much as you can. Sometimes you will find, by making vaginal examination, that the posterior wall bulges. Now, you can ascertain whether there be any attempt to point in that direction by introducing an aspirating needle, using the finest needle, of course, so as to avoid as far as possible producing injury. Now, if you find pus in the recto-vaginal space you are justified in cutting down so as to let it out. In this case the pus is below the peritoneum. The peritoneum is lifted up. So that by first marking out your path with the aspirating needle, and learning that pus is there, you will be justified in following with the knife, or, which is better, with the scissors. It is better to make the incision with the scissors, because you are likely to have less hemorrhage than with the knife. The reason why it is better to evacuate the pus through the vagina than through any other canal is, that you can control the cavity of the abscess much better afterward. If the opening be into the rectum it is almost impossible to get at it to apply local treatment. The contents of the rectum, in minute quantity, are almost sure to find their way into the cavity, and set up further inflammation. Now, if you can make an opening into the vagina you can, in the first instance, if the opening be made large, get free vent to the pus at once; if the opening made by the scissors be not large enough, you can readily enlarge it by means of a cupola tent. Then wash out the cavity of the abscess, and treat it just as you would one that occurred in any other part of the body. The only point to be specially attended to in washing out the abscess is to have plenty of space for the return of the fluid; otherwise it may become encapsulated in there, owing to the minuteness of the orifice at the outlet, and give rise to chills and secondary inflammation. But by having a good, free opening there is no danger of such an accident.

This, then, will really constitute the treatment of a case in which you are so fortunate as to have an opening through the vagina. Where it opens

through the anterior wall of the abdomen the rule is simply to open it as as soon as you know adhesion has taken place between the wall of the sac and the abdominal wall, and then treat it as you would treat any other abscess in that location. There you can also use the douches, and wash out the cavity. These are the cases in which you can adopt the Lister plan of treatment. But where the opening is into the vagina you cannot.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

REPORTED BY J. W. PLUMMER-BATES, M.D.

Vicarious Msnstruation.

Dr. Scarff. I have under my care a girl, 12 years old, who has hæmoptysis every month at the menstrual period. From the uterus no blood is discharged; there is a slight mucous discharge from the genital organs, but no sign of blood. She has been in this state for about four months; she is well developed, not anæmic, suffers no inconvenience, and seems to be entirely well, with the exception of a slight cough.

Dr. Morris. It is not usual for girls to menstruate at 12 years of age. I do not think I would do anything beyond hygienic measures. There is no indication for the use of drugs, and I do not think there need be any fear of pulmonary trouble. Vicarious menstruation is not unusual; women at the period of menopause frequently have a discharge of blood from some other organ than the uterus.

Dr. Grove. I came across a similar case; a girl 19 or 20 years old, who has always menstruated from her nose or lungs, and this has been going on for seven years. No treatment has done her any permanent good. Her health is excellent.

Dr. Percivall. Leeches to the uterus might be used to advantage.

Dr. Scarff. I have used leeches in cases of suppression of the menses, but they would be of no advantage unless applied to the cervix, and it would be very difficult to apply them in so young a subject.

Dr. Caldwell. Golding-Bird recommends the Faradaic current over genital organs and thighs, used for a week before the period. This would be useful if inertia be the cause of the trouble. If inflammation, depletion will be requisite. Find the cause, if possible, and that may indicate the remedy.

Dr. Evans. What would you think of tr. ferri. chlor. with aloes? I have used it frequently with benefit.

Dr. Morris. That is an old remedy and frequently used. I would keep up the system and let the drugs go to the dogs.

Empyema.

Dr. Brinton. A well-known florist was under the care of two old physicians for two months, they treating him for typho-malarial fever. I was called to see him before Christmas, and found the following condition: temperature normal, pulse rapid, right lung dull, and he was expectorating 1½ pints of muco-purulent matter per day. My diagnosis was empyema following pleurisy. Dr. Chew aspirated and drew off 14 ounces of fetid pus. The fluid reaccumulated, and a drainage tube was introduced; the discharge continued until his death. Of course, the usual remedies were used to maintain his strength, and the cavity of the chest was washed out with carbolic acid and water. He died from asthenia. The interesting points are, that the correct nature of the trouble should have been overlooked, and the necessity of a full examination in all cases, to enable a correct diagnosis to be made.

Pelvic Abscess.

Dr. Reynolds. A colored woman, aged 60, had a tumor in the right inguinal region for six years. It gradually increased in size, until the whole abdomen was greatly enlarged. She was very costive, four or five days passing without an action of the bowels, and when there was a movement the pain was so great that she frequently fainted. The abscess broke, and in two hours she passed at least five gallons of pus from the bowels, and vomited about one quart. Two years have now passed and she has experienced no trouble since. It would be difficult to decide upon the exact location of the abscess.

Dr. Morris. These pelvic abscesses are sometimes prolonged; have known them to exist for months.

Dr. Hamill. A man had been suffering from cystitis; tumor in lumbar region, but no fluctuation and no pus in urine. After about six months the man died, and post-mortem examination revealed an abscess of the kidney, which had burst into the peritoneal cavity.

Placenta Prævia.

Dr. Evans. I have been a physician 25 years and never had a case of placenta prævia until a few nights ago. I had attended the patient in all her previous confinements, nine in number, and never had any trouble. She supposed herself to be near term, went to bed well, and woke in the middle of the night and found the bed full of blood. I was summoned immediately; found the hemorrhage had been profuse; the patient was unconscious, from the loss; pulse extremely weak, etc. The os was rigid, and I could not dilate it. The vagina was firmly tamponed, and restoratives administered, and she recovered from the state of syncope, and did well for the day. The next night I was again summoned hastily, and when I saw her I thought she was dead. No pulsation could be detected at the wrist, and the syncope was so profound that no effort we could make would arouse her. I called Dr. Erich to assist me, and we turned and delivered; the child was born alive, but has since died. Hypodermic injections of atropia and whisky were given, the foot of the bed raised, and by next morning consciousness had returned and a weak pulse could be felt at the wrist. Now her temperature is 101° F., has no pain, some slight tenderness over the abdomen.

Dr. Bates. I have seen four cases: one at full term, transverse position, placenta delivered

first, child turned and delivered; child dead; woman recovered. Second at six months; woman recovered. Third at eight months; tampon used without benefit, colpeurynter applied and the os dilated under chloroform, free doses of ergot given, membranes ruptured and child delivered without forceps or turning being necessary; mother and child saved. Fourth at three months; profuse hemorrhage, placenta adherent; recovery of mother slow.

Dr. Taylor. My first case of obstetrics was one of placenta prævia; child dead, not at full term.

Dr. Morris. Saw a case a few weeks ago, with Dr. Seldner, which was very similar to the one related by Dr. Evans. It is the true practice to tampon when there is no dilatation of the os. Dr. Seldner used the colpeurynter; much blood was lost, the os was dilated, the placenta pushed aside, the child turned and delivered. Under the use of whisky the woman rallied and promptly recovered. The child was born alive, but afterward died.

Some years ago I saw a case with Dr. William Whitridge. The woman had been bleeding a week or more; there was but slight dilatation of the os, and I suggested the tampon. A day or two after the doctor summoned me. I found that he had delivered the child with forceps, but was not able to get the placenta. I found it firmly adherent, but succeeded in getting it away. The hemorrhage still continuing, notwithstanding hypodermic injections of ergot; the subsulphate of iron was injected and checked it promptly. The woman died a few days after, from septicæmia.

Editorial Department.

Periscope.

The Influence of Climate on Disease.

The *British Medical Journal* of January 10th, 1880, contains a synopsis of an interesting article by Herr Peters, of Germany, in which the author has set himself to elucidate the special part played by each of those meteorological factors of which the sum constitutes climate, with the full conviction, however, that repeated and prolonged observations are necessary before definite laws on the subject can be established. Herr Peters' researches were made at the baths of Ottenstein, in Saxony, 1350 feet above the level of the sea, and concerned fifty-six patients suffering from chronic affections of the respiratory passages; thirty-five of these were chronic tuberculous patients, of whom one was in the last stage of phthisis; fourteen were cases of chronic bronchial catarrh; and seven of catarrh of the larynx; fifty patients were suffering from chronic muscular or articular rheumatism. The meteorological observations were taken thrice a day—at six o'clock in the morning, at two o'clock in the afternoon, and at ten o'clock in the evening. The direction of the wind was noted only twice in the day. At the same time Herr Peters entered in a second register the state of the daily health of his patients during a period of seventy-six days—from May 17th to July 31st—with reference to respiratory affections; and during one hundred and five days—from May 9th to August 21st—for rheumatic affections.

Among the various disturbances of their health to which patients suffering from diseases of the air-passages are liable, Herr Peters has considered, from their being dependent on meteorological conditions, neuralgia, exacerbations of cough, hæmoptysis, and dyspnœa. He has intentionally passed over digestive troubles, fevers, and sweats, of which it is more rational to attribute the aggravation to other causes. He has studied the five principal climatic factors: 1, heat; 2, humidity, with August's psychrometer; 3, atmospheric pressure; 4, the direction of the winds; and 5, ozone, with the help of Schönbein's ozonometer exposed daily at stated times. One of the earliest general facts which resulted from these researches was that, while all the rheumatic patients, on several occasions, experienced a simultaneous recrudescence of their pains, the largest proportion of simultaneous increase in patients suffering from respiratory diseases did not exceed 34 per cent. Another interesting fact is, that meteorological influences had much less power over simple catarrhal affections of the air passages than over diseases of the pulmonary parenchyma.

Herr Peters has arrived at quite opposite conclusions with regard to the action of atmospheric ozone on respiratory affections, to those generally received as correct. According to him, all that can be said with regard to barometric pressure is that, in patients suffering from diseases of the air passages, the majority of the aggravations and the largest number of notable aggravations occurred only when the atmospheric pressure was increased.

With regard to rheumatic patients, contrary to the received opinion, it is less the diurnal oscillations of the temperature than the depressions it undergoes from one day to the other, which augment the pains. Hence, it results that when choice of sanitary stations is made, those should be preferred which, with as high a degree as possible of mean temperature, show, in the course of the month, the fewest and the least important falls in the mean heat from one day to the other. Aggravations of rheumatic pains have been most often observed on those days which were distinguished both by considerable dampness and by depression of the mean temperature. The barometric level has no influence whatsoever on patients suffering from chronic rheumatism.

Herr Peters thus summarizes the action of the different meteorological factors. Aggravations in chronic phthisis and in chronic catarrh of the

respiratory organs were coincident with the richness of the air in ozone, with cold days and considerable falls in the mean diurnal temperature, with a very humid atmosphere and the predominance of cold northerly and damp west winds. In chronic rheumatism, the aggravations were coincident with considerable depressions of the mean temperature from one day to the other; also with a very damp atmosphere, the prevalence of westerly winds, and a large proportion of atmospheric ozone.

Treatment of Diphtheria.

Dr. Rudolph Sieffert writes to the Chicago *Medical Journal and Examiner*, February, 1880—

I beg to call the attention of my medical brethren to a mode of treatment of diphtheria which has given me, so far, even in very serious cases, extraordinarily good results, and which is very simple in its application.

My main remedy in the treatment of this disease has been, for some time past, the inhalation of carbolic acid, diluted, through a sponge. The sponge is saturated with a solution of carbolic acid (the strength ranging from 1 part in 200 to 1 part in 100 of water), then placed in a wire holder, formed so as to fit over mouth and nose. This inhaling apparatus is fastened to the patient's mouth and nostrils, so that respiration has to take place through the carbolated sponge. I order these inhalations to be repeated every two hours, and each inhalation to extend through about half an hour.

Within twenty-four hours after the beginning of these inhalations the membranes become loose, and are gradually either swallowed or expectorated, and they do not reappear with the same severity. But if similar formations do take place, they appear thinner and lose that characteristic coloring, growing gradually lighter and more transparent, until they disappear altogether, which is generally within three days, and with this the mucous membrane assumes its normal condition.

As the pain in the throat is ameliorated with every inhalation, the little patients notice this so markedly, that every time they experience any pain they request the application of the carbolic sponge.

In the cases of larger children, more gargling is possible. I order the throat to be gargled with warm chamomile (German) tea, in order to assist in the expectoration of the loose membranes, which procedure, of course, is inadmissible with smaller children.

After every application the sponge ought to be well washed in hot water, and if there be several patients in the same family, each one ought to have its own apparatus, or at least its own sponge. To prevent the carbolic acid solution from affecting the lips, it is well to oil the lips previous to applying the inhaling apparatus.

The above method of inhalation is very simple, and easily applied to children of any age. A few kind words generally suffice to induce them to take to the operation of inhaling with good nature.

Besides the inhalation I use quinine, and in order to keep the bowels open, the fl. ext. of rhamnus frangul. With larger children, I occasionally order gargling with a weak solution of carbolic acid.

As remarked above, this mode of treatment has always given me very satisfactory results. I believe, however, in order to fully establish the merits of this mode of treatment, a larger number of observations is necessary than can be made by a single practitioner. I therefore decided to publish my experience, so as to induce other physicians to test my method.

Tight-Lacing.

Dyce Duckworth, M.D., F.R.C.P., in an article published in *The Practitioner*, January, 1880, says—

I have to state, then, that I find in a considerable proportion of women, among hospital patients, and frequently in the case of those in higher ranks, that the stays are either too small, or are fastened too tightly. In many instances this compression is practiced unwittingly. Stays last for a long time. The wearer grows, and the stays are too small, or they are procured just as any other article of dress, without reference to the particular figure they are to encircle.

In most instances stays are made by the gross, like gloves, stockings, or boots; they are kept in different sizes, but no care is commonly taken to secure a proper fit. It must be borne in mind that they constitute a very important article of clothing for the poorer women, since they are by them regarded chiefly for their warmth, and not merely for support. It usually happens that they are adopted in early life, and as puberty approaches, insufficient attention is paid to the changes occurring in the figure at that period. And thus at an early age young girls come instinctively to accustom themselves to a measure of constriction from their stays.

When new stays are required, there is at once a repugnance to such as would fit properly, and, therefore, the same degree of tightness is imperatively demanded as has been hitherto borne. Thus it is that when one comes to examine into the matter, the unvarying remarks are offered: "I am not at all tight; my stays are quite easy and comfortable; I could not endure to be tight; I never lace tightly."

The result of the inquiry almost as commonly is, that the stays are found to be from one to four or five inches smaller in girth than they ought to be.

This miserable imprisonment is, as I have observed, in most instances involuntary; it is not practiced because it is fashionable, it is not the result of ambition to have a small waist, but it comes about for the most part in the manner I have described. Of course, in many cases, it is done deliberately.

The results are more harmful than is generally believed, but they are only such as might be predicated.

I find many cases of dyspepsia in women yield quickly to the use of proper stays. Again and again I have known chronic vomiting in young girls to be due solely to tight stays. Palpitation

and dyspnœa, not due to anæmia, are frequently caused by bad stays. The worst cases naturally occur in young women who are inclined to *embonpoint*, and whether this be constitutional or aggravated, as is that condition, by anæmia, the obese tendency commonly both adds to the compression, and gives cause to the wearer to increase her troubles in the efforts to retain (what she conceives to be) shapely proportions.

Erysipelas of Epidemic Type.

Sir William R. E. Smart, M.D., K.C.B., in a paper on the above subject, published in the *British Medical Journal*, February 7th, 1880, says—

Erysipelas of epidemic type is more severe and more fatal than when of simple sporadic type; and that it may then be aggravated into a series of cases, of uniform "cutaneo-cellular" form, without milder erythematic cases, as happened at Devonport Dockyard, in 1824, when a series of slight injuries were attended by fatal results; and such conditions may be of a very circumscribed local character.

When epidemic, it has increase of infectiousness.

Within a narrow area, where there are many idiopathic cases under treatment, it does not necessarily become traumatic, under due precautions.

When epidemic it attacks younger ages than it is accustomed to do when simply sporadic.

It is more amenable to treatment in well-aired sunlit apartments than in the reverse.

Its treatment on the stimulant plan is by far more successful in its results than by the opposite plan of blood letting and other depressing agencies.

And lastly, the epidemic type possesses some occult correlation with the epidemic exanthems, more particularly scarlet fever and measles. This proposition, as I believe, would be more strongly sustained by a wider investigation into the more general diffusion of all these diseases that occurred successively throughout the whole of the southern provinces of England, as shown in the navy and army returns for the period, the particulars of which the limit of time allowed forbids my entering on on this occasion.

Morphia in Uræmia.

A writer to the Louisville *Medical News* says—

Of this method Prof. Loomis stands an eminent defender, and those who have listened to his lectures or read his book must have been somewhat impressed with the plausibility of his views. Prof. Loomis reasons as follows: The skin in patients with acute uræmia loses its excretory action—and diaphoresis, if induced, is not eliminative—nor do the bowels respond readily to purgatives. Then, if the system is overwhelmed by this uræmic poison, and all the avenues of elimination closed, the question is, how can you counteract the influence of this poison and open again the channels of elimination? To diminish reflex sensibility and subdue spasmodic muscular paroxysms must be speedily accomplished; for either, if continued, will terminate life. Chloroform, heretofore, has been almost a sole remedy; but Prof. Loomis believes that, so far from being beneficial, it even prejudices the chance of ultimate recovery by the changes its inhalation produces in the blood, which changes hasten rather than retard the development of the uræmic toxemia. It also seems to him to be more difficult to establish diaphoresis and diuresis in patients to whom chloroform has been given. Chloroform only controls muscular spasm temporarily, and does not exercise any neutralizing effect on the poison.

Dr. Loomis says that in morphia he has an agent that not only controls muscular spasm, but reopens the avenues of elimination, either by counteracting the effects of the uræmic poison on the nerve centres, and thus facilitating the action of diaphoretics and diuretics, or itself acting as an eliminator. He uses it in cases where the premonitory symptoms are most severe, as well as during the convulsions. The rules relating to its administration are altogether governed by the convulsions. Sufficient quantities should be given to control spasm. Neither the condition of the pupil nor the number of respirations afford reliable guides. Thus, he believes, morphia administered hypodermically becomes a powerful eliminator, in which belief Dr. Loomis is sustained by weighty corroboration based upon reliable clinical data.

The Treatment of Croup.

W. C. Chapman, M.D., of Toledo, O., in a paper on the therapeutics of pseudo-membranous or true croup, read before the Northwestern Ohio Medical Association, and published in the Toledo *Medical and Surgical Journal*, December, 1879, says—

Many are accustomed to produce vomiting with tartar emetic, but I believe that the depression caused by this agent is more to be feared than the danger of poisoning from turpeth mineral. I do not believe that there is any effect obtained from the use of the mercurial, other than that of a purely local character. There is none absorbed, so that the old theory of mercurial treatment for croup, by its antiphlogistic effect, can be considered as not demonstrated by the use of the turpeth mineral.

Having produced free emesis, my practice is to follow at once with the administration of tincture of veratrum viride—Norwood's, I prefer. This is another step of Dr. Barker's treatment, and I believe it is the most important of the remedies used in the disease. The manner of its employment should be carefully considered, as success depends more especially on close observation of its physiological manifestations. Invariably, in a case of true croup, the pulse is high, from 120 to 140, irritable and quick. The blood is forced forward rapidly, and the capillaries are surcharged; engorgement of the tissues, especially at the seat of inflammation, the mucous membrane of the throat, and, as a consequence, all distressing symptoms are aggravated. Veratrum viride will, if given properly, reduce the number of the pulsations and decrease the vascular tonus. I have frequently brought the pulse

to 60 and kept it there. This remedy should be given in small doses, but repeated at short intervals. It is my habit to begin with two drops every hour, and keep on until the effect is noticed in the pulse. This is the important point in the treatment. Push the remedy until the pulse reaches 60, and keep it there. Those accustomed to the use of veratrum viride know this can be done, if carefully watched.

Providing there is any bronchial complication, as is often the case, it is well to prescribe either syrup of senega, combined with tinctura opii camphorata and either the carbonate or muriate of ammonia. I have never seen a case where I did not think quinine was beneficial, either in tonic or slightly stimulant doses, one grain every four hours, beginning generally in its administration immediately after the full effect of the veratrum is obtained.

Arsenic in Diseases of Children.

Le Progrès Medical informs us that M. Jules Simon chiefly uses Pearson's liquid, composed in the following way: arseniate of soda, 0 gr. 05; distilled water, 250; honey water, q.s. The dose is a teaspoonful, or five grams, at each meal, that is to say, one milligram of the arseniate of soda is administered on each occasion. M. Simon states that children bear arsenic well, and take nearly the same quantities as adults, but he cautions against giving it to children under two years of age. Arseniate of potash is given as Fowler's solution, to the extent of two drops during each meal, the quantity being gradually increased until ten days is reached; when this the maximum dose per diem is attained, the quantity is reduced again to two drops. The same ascending and descending scale is continued for three weeks, after which the use of the remedy is stopped for a period of eight or ten days. This plan of treatment is often carried on for a considerable length of time. In many cases the arseniate can only be administered in the form of a pill, the dose ranging from one to two milligrams up to one or two centigrams a day. The physiological action of arsenic in therapeutic doses upon the blood is to give it an increased respiratory function, and upon the respiration to render it more ample, calm and easy, in cases of dyspnœa. The urinary secretion is generally increased, while the appetite is stimulated, and the patient generally feels himself stronger and better. The chief indications for the use of arsenic are, chronic skin diseases, intermittent fevers, tuberculosis, scrofula, neuroses, and certain cases of constitutional anæmia.

Subastragaloid Dislocation Reduced.

We learn from the *Medical Times and Gazette*, February 7th, 1880, that at the meeting of the Clinical Society of London, January 23d, Mr. Pick reported a case of ordinary subastragaloid dislocation, where the whole of the tarsal bones, with the exception of the astragalus, were displaced outward from this bone, which remained *in situ*, in contact with the tibia and fibula. All the ordinary methods, by manipulation, pressure, extension and rotation, were tried, after division of the tendo-Achillis, without success; and in consultation it was determined to make one more attempt at reduction, and, failing this, to perform excision of the astragalus, as the foot would clearly be of no use to the patient as it was, and the skin over the prominent head of the bone threatened shortly to give way. At Mr. Henry Lee's suggestion, the following plan was adopted: The middle of a bandage was twisted in a clove-hitch, and passed around the foot just behind the heads of the metatarsal bones; the two ends of the bandage were then tied and passed over the operator's shoulders, the knee of the surgeon at the same time being placed in front of the lower extremity of the tibia. Considerable extension in a direction forward was then made, and the foot at the same time moved from side to side, as far as the amount of tension would allow. After about a quarter of a minute's extension in this way, the bones quietly slipped into their places. The patient made an uninterrupted recovery. Mr. Pick stated that he believed the difficulty in reduction in this case was due to the posterior inferior margin of the astragalus being wedged in the interosseous groove between the articular facets on the upper surface of the os calcis, and at the same time the constricted neck of the astragalus locked by the sharp posterior margin of the scaphoid bone. It was taking this view of the case which induced Mr. Henry Lee to propose the plan of attempting reduction by making extension directly *forward*, so as to unlock the bones, and cause the head of the astragalus to recede into the cup-shaped posterior surface of the scaphoid.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Value of Boracic Acid in Eye Diseases has been examined and favorably reported upon by Dr. Samuel Theobald, of Baltimore, in a pamphlet before us.

——An exhibition of the fallacies of the common teaching of clinical manner, is made in an incisive style by Dr. Jarvis S. Wight, in an introductory lecture lately delivered. It deserves the careful perusal of all teachers.

——Dr. Charles Kelsey, of the East Side Infirmary, New York, for fistula and rectal disease, forwards us a report of that institution, and also a copy of a paper on functional heart troubles, with records of cases.

——The more frequent clinical use of the galvano-cautery is advocated in a reprint, by Dr. William A. Byrd, of Quincy, Illinois, and a number of suggestions for its proper manipulation given.

——"A Review of the Modern Doctrine of Evolution," by Prof. E. D. Cope (reprint from the *American Naturalist*), is such an able pre-

sentation of this momentous discussion that we shall hereafter take occasion to present his conclusions to our readers.

——In a "Plea for Cold Climates in the Treatment of Consumptives," Dr. Talbot Jones, of St. Paul, points out the advantages of Minnesota and the doubtful value of Southern California and Florida.

——All the older graduates of the Jefferson Medical College will be glad to read a lecture delivered before the Alumni Association by Dr. John H. Brinton, on "The Faculty of 1841." It will bring vividly to their recollection those heroes of a past generation. (Collins, printer, 704 Jayne St., Phila.)

——In a well written, though badly printed pamphlet, Dr. Geo. D. Crosthwait, of Florence Station, Tenn., discusses the biblical history of the Sabbath day and Sunday, reaching what we have no doubt is the correct conclusion, that the obligation to observe either of these days as specially holy is not included in the New Testament, and does not rest upon Christians.

——Mr. Ernest Hart, the distinguished editor of the *British Medical Journal*, takes a very active interest in public sanitary matters. As evidence of this we have received a most able report by him on Animal Vaccination and its Results; another on the registration of infectious disease; and a third on local legislation as to infectious disease. Although these reports apply especially to the horizon of Great Britain, they will be read with benefit by sanitarians everywhere.

——In a reprint on the therapeutic action of mercury, Dr. S. V. Clevenger, of Chicago, advocates the purely mechanical theory of its action as sufficient to explain the results observed from its exhibition. To use his own words: "Mercurials load the circulation and emunctories with effete matter, because of their deobstruent effects and ability to insinuate their particles among all tissues, separating the morbid or ulcerated portions from the healthy, by the great and universal law of heavy bodies acting in the line of 'least resistance.'"

BOOK NOTICES.

A Practical Treatise on Nervous Exhaustion. By George M. Beard, A.M., M.D., etc. New York, Wm. Wood & Co., 1880. pp. 198.

For a number of years Dr. Beard has given great attention to the chronic depression of the nervous system which follows overwork or excessive strain. The names "nervous exhaustion" and "neurasthenia" have been applied to it. He has in the volume before us gathered together these scattered studies and arranged and amplified them. In his preface he sketches the history of the definition of the disease, mentioning with undue severity Mr. Hugh Campbell's instructive monograph, and not referring to some other contributions to its literature, as, for instance, Dr. Stillman's well written essay in this journal.

A fundamental point of Dr. Beard's reasoning is that the disease is a new one, not merely a newly recognized one; he states that "the prime cause of modern nervousness is modern civilization, with its accompaniments." If he means by this, as of course he does, that the forms of nervous disease we now know did not exist in the last and previous centuries, we think he is stating a grave error. There are not in all the long catalogue of symptoms he gives hardly two that are not mentioned in the medical works of older generations. For a long time they were regarded as "dyspeptic" symptoms, or under other general and vague rubrics. In attributing them so exclusively to nervous exhaustion, it is very doubtful whether the older confusion is not intensified; whether such a name does not rather obscure than advance the analysis of the symptoms; whether, in other words, anything more is done than would be done by saying that all pain is included under one important and hitherto undiscovered disease, "nervous hyperæsthesia." This would be darkening knowledge with words, and without desiring to make any such wholesale charge as this against Dr. Beard's meritorious labors, we ask readers who peruse this book to observe closely whether just such an unprofitable nominalism as this may not lurk under the word *neurasthenia*.

A point to which Dr. Beard attaches great weight is the difference between functional and organic disease. Many pathologists believe that a functional disease is merely one in which our present means of observation are insufficient to enable us to detect the organic changes always present. Dr. Beard seems to believe that there is a radical, rather metaphysical, difference between them. Yet at the basis of neurasthenia he puts "the waste of nerve tissue in excess of repair." Surely this is a positive organic change!

All the "irritations," such as spinal, cerebral, uterine, etc., he calls local manifestations of general neurasthenia. Even ordinary fatigue after hard work he calls "acute neurasthenia." It may be seriously questioned whether anything is to be gained, whether a great deal is not sacri-

ficed, by thus erecting a group of symptoms into a disease, and losing sight of the etiological factors which alone can guide sound therapeusis.

While we have allowed ourselves these free strictures, we would not close without expressing a high appreciation of the close observation and wide reading always apparent in Dr. Beard's writings.

Surgery in the Pennsylvania Hospital. Being an epitome of the practice of the Hospital since 1756. By Thomas G. Morton, M.D., and William Hunt, M.D., etc. Philadelphia, J. B. Lippincott & Co. pp. 349.

Two volumes of Pennsylvania Hospital Reports were published in 1868-9 respectively; the present one is a series of detached papers, on a large number of surgical subjects, giving details of the Hospital practice, descriptions of cases, statistical tables, illustrations of apparatus, instruments, etc. In a more condensed and convenient form than ordinary volumes of this nature it sets forth what of value in surgery has been contributed by the experience of the Hospital. Several of the articles and tables have been previously published in a more or less modified form, while others are from unpublished cases. The editors are the principal contributors, while other papers are from Drs. John B. Roberts and Frank Woodbury, and Mr. Jonathan Richards. There are a number of illustrations, of excellent workmanship.

The subjects treated are such as amputations, burns and scalds, varicocele, hydrocele, erysipelas, cancer, goitre, necrosis, hernia, gynecological operations, phosphorus necrosis, tetanus, fistula, lacerations, etc. They are not grouped on any particular plan, but entered miscellaneously.

The volume cannot fail to have a high value to surgical students and practitioners. As a record of close and original research, it is one of the most meritorious that has lately appeared.

History of Medicine in New Jersey and of its Medical Men, from the Settlement of the Province to A.D. 1800. By Stephen Wickes, A.M., M.D., etc. Newark, M. R. Dennis & Co. 1 vol., 8vo. pp. 449.

Few contributions to the history of medicine in America equals this in value. It is a monument of painstaking research, presented in lucid style and with admirable arrangement. Any one at all interested in the subject will find his attention absorbed in its pleasant pages as soon as he takes it up.

The author divides his material into two parts. The first treats of the general history of medicine in the Province and State of New Jersey; the second and larger comprises biographical sketches of the early physicians of that commonwealth. The Medical Society of New Jersey is the oldest of its class in the United States, and this memorial of its founders, early members and their associates comes, appropriately, from the Secretary of the Society.

These records show us the same struggle of scientific practitioners with ignorant empirics going on then as now. They show similar diseases prevailing, and treated by methods often not essentially different. The medical men worked hard, but were fairly paid and took a high social position in the community. Medical literature was cultivated early, and medical education, prosecuted usually by the system of apprenticeship, required from four to seven years to conclude. A smattering of Latin and Greek was early considered a requisite, and frequent efforts were made to improve it. Many points in the volume would be pleasant to report did our space permit.

The Hypodermic Injection of Morphia, its History, Advantages and Dangers. By H. H. Kane, M.D. New York. C. L. Bermingham & Co.

The results which the author lays before the profession in this monograph were obtained from the letters of a large number of physicians, who responded to his inquiries published in this and other journals, and to circulars sent them. It is an interesting statement of the actual practice of contemporaries in the use of morphia hypodermically, and illustrates the wide variation in its dosage, and in the opinions of its results. Thus, in regard to the former, the usual dose seems a fourth of a grain, but there are those who appear not to go above $\frac{1}{15}$, and as many or more who inject one to two grains at a time, or "guess at the amount from loose powder."

Besides discussing the dose, Dr. Kane speaks of the accidents liable to occur, the antidotes to employ in case of narcotism, the morphia habit induced by the process, etc. He describes a tourniquet for common use, to prevent or modify dangers sometimes attendant upon injection of the drug into a vein. With respect to danger from poisoning, he believes the most efficient antidotes should be carried with one, and reliance not be placed solely on atropia, as is commonly done.

As well put together, from original material, the volume is deserving of much praise.

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THE PREVENTION OF THE ABUSE OF MEDICAL CHARITIES.

The profession of this city have for several years been making earnest efforts to restrict gratuitous medical services to cases actually deserving of charity. The matter is a wide one, embracing the private attendance of physicians on patients as well as the official relations of dispensary and hospital medical officers to resident and out patients of such institutions. So long as ten years ago statistics were published to prove that in various great cities, especially London and New York, the proportion of the inhabitants receiving free medical advice was unduly large. There was evidently great abuse of this form of charity. Investigations into special cases revealed the fact that many persons of moderate and some of abundant means systematically presented themselves for gratuitous treatment at the various dispensaries, clinics and hospitals, in Boston, Philadelphia and other American cities.

As a practical step toward limiting this abuse, a committee of the Philadelphia County Medical Society recommended, recently, that a small fee, say 10 cents, be exacted of all who are able to pay it; that the services of general dispensaries be confined to applicants within their districts; that more visiting physicians be appointed: and that by a coöperation with ward associations for organizing charity the merits of applicants be more thoroughly examined. These measures will undoubtedly tend, in some measure, to correct the abuses complained of.

But when we begin to inquire how it is that this abuse has come about, we find that the profession itself is chiefly to blame; though in the Report to the County Society, above referred to, we discover, not only no suggestion to lay the axe at the root of the tree, but no mention of the root at all. This was not owing to ignorance of the fact, but because the Committee were afraid of telling the whole truth; because they were not brave enough to do their duty in the premises.

The reason why so many well-to-do people have fallen into the habit of applying to dispensaries and clinics is because the medical profession have done all in their power to encourage it. When a young doctor wants to gain renown in a specialty, he organizes or attaches himself to a dispensary, or clinic, or special institution. This is advertised in the newspapers, or by cards, signs, circulars, etc., to bring it to the notice of the public. Patients able to pay he tries to attach to his private practice, without much inquiry as to their previous medical attendants. Cases good to report he gladly attends for nothing, as they make material for papers or for clinical demonstration. The better dressed patients he can have come to his private office in his regular office hours, and make an imposing display of clients to the casual visitor.

Nor are these arts at all confined to the young aspirants for practice. Many older and already distinguished men are always ready to descend to them. We could draw from our personal knowledge to prove this, and so could any member of the committee, if they had so chosen. Dr. A. L. Carroll, of New York, tells how it is

in that city, and it is the same in Philadelphia. In a recent paper he gives various flagrant examples, and most justly complains that clinical Professors and their assistants are not at all particular to inquire whether a patient is already under treatment, and pay no fair respect or consideration to the etiquette of the profession. He has, he says, even known a distinguished clinical authority to transfer patients whom he learned were able to pay a fee from his clinic to his private practice, instead of counseling their return to the physician from whom they had been attracted, partly by the absence of fees at the clinic, and partly, possibly, by the reputation of the Professor. Dr. Carroll complains that the dispensaries follow the same method, more or less, and avers that examples of such dishonorable practices are of almost daily occurrence.

So they are in this city, and we must condemn the Committee for having very imperfectly fulfilled their duties in not having stamped with open and emphatic reprobation this, the chief and main source of the abuse of medical charity.

Notes and Comments.

Therapeutical Notes.

THE APPLICATION OF COLLODION TO THE DISEASED JOINT IN ACUTE RHEUMATISM.

John W. Reins, M.D., of Crescent City, Cal., in a letter to the San Francisco *Western Lancet*, recommends this application as preferable to the plaster-of-Paris bandage, and reports two cases successfully treated by that means.

COMPOUND TINCTURE OF BENZOIN IN TOOTHACHE.

T. C. Osborn, M.D., of Greensboro, Ala., has found that a pledget of cotton or lint saturated with compound tincture of benzoin, and packed well into the cavity of an aching tooth, will give immediate relief.

VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION AND MISCARRIAGE.

James B. Hughes, M.D., of Newbern, N. C., in the *North Carolina Medical Journal*, reports several cases illustrative of the efficacy of this medicine in stopping uterine contractions.

FORMULÆ IN PRURITUS ANI.

M. K. Q. C. P., in the *British Medical Journal*, writes that in several instances in which he has had to prescribe for the intolerable "pruritus ani," he has found that by careful sponging or washing of the part with cold or chilled water, two or three times in the day, and subsequently "dabbing" (not rubbing) it dry with a soft cloth, and then applying externally and within the sphincter ani a little olive oil, has, after a few applications, afforded great, and eventually entire, relief. The state of the stomach and bowels must at the same time be attended to. Should the preceding remedy fail, a like application of the following ointment will, he believes, be found effective in relieving the distressing nuisance:—

℞.	Ung. zinci oxidi,	℥ iij
	Ung. hydrargyri nitratis,	℥ ss
	Morphiæ acetatis,	grs. ij
	Spiritus rectificati,	℥ iss.

Another physician of experience, in a communication to the same journal, states that the best local application is a mixture of carbolic acid, ℥j; in olive oil, ℥j or ℥iss, applied with the finger at bedtime, being careful to have the rectum empty, the laden condition of which seems to aggravate the annoyance. In pruritus pudendi, nitrate of silver (five grains to the ounce, of distilled water) is a specific, applied with a sponge instead of giving way to rubbing, which only increases the local misery. The lithic acid diathesis seems to be the cause in both cases, and attention should be directed, by alkalies, etc., to correct this.

BROMIDE OF POTASSIUM IN THE VOMITING OF PREGNANCY.

Dr. Freidrich, in *Deutsches Archiv. für Klin. Med.*, November, 1879, states that he considers the action of bromide of potassium, given in doses of from one to two grams a day, so valuable that he would be almost disposed to say that we possess in bromide of potassium a specific remedy against the obstinate vomiting of pregnancy, if it were permissible to speak of specifics in such a case.

ETHEREAL OIL OF MUSTARD IN MALARIAL FEVER.

The London *Medical Record*, of Jan. 15th, 1880, informs us that Dr. Haberkörn has very successfully employed the ethereal oil of mustard, on account of its anti-bacterial properties, in the pernicious fevers of Moldavia. He gives two or three drops a day in a great quantity of distilled water, or better, from two to four drops in a ten per cent. alcoholic solution. His results have been "most remarkable."

The Higher Medical Education.

It cannot but be gratifying to all who have watched the efforts to advance medical education in the past decade, to note the very positive progress it has made. There is a general willingness

on all hands to adopt a three years' course, and those institutions which have done so are not going to be losers by it. On the contrary, their classes are increasing, and the early and decided stand they have taken on the right side is putting money in their purses as well as redounding to their general credit. It is a pleasure to quote such a remark as the following, from the Buffalo *Medical Journal*, speaking in reference to the Buffalo Medical College:—

"The fact is significant, however, in the experience of the present season, that the higher standard of requirements for graduation and the increased facilities—with the lengthened term of lectures—afforded for acquiring a theoretical and practical knowlege of the science of medicine, have met an emphatic endorsement by the profession."

This is as it should be.

Causes of Fatigue in Reading.

An important study has been made of this subject by Dr. Javal, director of the Laboratory of Ophthalmology of the Sorbonne, published in the *Annales d'Oculistique*. The fatigue of the eyes which is so often complained of by literary men he believes due to a permanent tension of accommodation; reading requires constant, steady strain of the eyes, while many other occupations demanding close, do not need constant, sight. His researches extend to the question, of great economical importance, given a surface of paper and a number of words to print upon it, what rule will secure the maximum of legibility? The answer is: *Other things being equal, the legibility of a printed page does not depend on the height of the letters, but on their breadth.* This fact is of special importance in the preparation of school books, and Dr. Laval's suggestions should receive the attention of publishers, type founders and school boards.

Animal Magnetism Revived.

The German medical papers of recent date have a good deal to say about animal magnetism. An adept in this mysterious art has been giving striking illustrations of his power, accompanied by very scientific-sounding lectures upon it, at Vienna and elsewhere. His name is Hansen, and Prof. Dr. Rudolph Heidenhain, Director of the Physiological Institute in Breslau, has summed up the latest observations and conclusions on the subject, in a published lecture. He analyses the various relations of sensation to motion and of consciousness to act in a subtle manner, but without getting to a wholly satisfactory explanation of the extraordinary powers displayed. It appears that the magnetic powers of some individuals extend to the control of other species. They can so charm a poisonous and angry snake that in a few minutes he becomes as rigid and as harmless as a stick!

Besides the learned physiologist, the police have taken up the inquiry, and have presented to a committee of Vienna physicians some questions relative to the safety or otherwise of these experiments on individuals. The committee very positively state that undoubtedly they are of injurious tendency.

We hope physicians in this country will always oppose these investigations as popular amusements. Dr. J. H. Bennett, of Edinburgh, long ago pointed out their very deleterious character, and no parent should allow a child to be tampered with in this manner.

Relations of Malarial Fever and Phthisis.

Some years ago we remember to have seen it stated that phthisis is rarely very prevalent in distinctly malarial regions; that there seems a sort of mutual exclusion of these diseases. Now comes Dr. Struve, a physician of Holstein, and in an article in the *Medicinische Central Zeitung*, for February 25th, undertakes to prove just the opposite, nay, more, that phthisis is *always* a result of malarial fever. These are his propositions:—

Phthisis is nothing else than a modification of the malarial process. The proofs are: 1, malarial fever always precedes phthisis; 2, the febrile phenomena in phthisis (hectic) are distinctly malarial, as shown by their remittent or intermittent character; 3, the other symptoms of phthisis are malarial, as the bronchial catarrh, which he explains on a remittent theory, etc.

When confronted with the statement that phthisis exists where malaria is unknown, he meets it with a simple denial. We have a small opinion of Herr Struve's theory, but give it for what it may be worth.

Resina Phytolaccæ or "Phytolaccin."

The *Practitioner*, for December, 1879, publishes an abstract of an experimental research on the physiological actions of drugs on the secretion of bile, by William Rutherford, M.D., of Edinburgh, who remarks that the physiological actions of phytolaccin have not hitherto been investigated. He has proved it to be in the dog a powerful hepatic and mild intestinal stimulant. It seems to be eminently worthy of the attention of the physician.

Rider's Sprain.

In speaking of sprains, M. Delorme states, in *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*, that he has seen a large number of a form to which he applies the term "entorse des cavaliers," or rider's sprain, which is common among troopers. It arises from the fact that at the moment of falling the foot is slightly extended, and touches the ground first with the toes, then with its whole external border. The weight of the animal now bears on its internal border, or more rarely, on the toes alone. Lastly, the stirrup, which habitually occupies an oblique position, directly twists the fore part of the foot upon the after part. The pressure on the external border of the foot, caused by the rotation of the toes from without inward, and of the forced adduction, is exerted on the metatarso-phalangeal articulation, upon the external tarso-metatarsal articulations, upon those of the astragalus, and secondarily upon the external ligaments of the tibio-tarsal joint. Sprains of this kind are of the most serious nature, and disable a man for a longer period than many fractures.

Italian Statistics of Ovariotomy.

In unfavorable contrast to the recent American statistics of this operation, which we gave a few weeks ago, are those of the first 100 operations performed in Italy, as given in the *Journal des Sciences Medicales*, February, 1880. Of this hundred, performed by thirty-four different surgeons, the recoveries were thirty-seven, the deaths sixty-three! Dr. Peruzzi, discussing this unsatisfactory result, explains it on the ground that too many had attempted this operation; and that the results will be better the more it is allowed to be the business of a very few specialists, who by practice become expert in it. He does not think it a proper one for the ordinary gynecologist to undertake.

When and How should we Deliver the Placenta.

G. A. Collamore, M.D., of Toledo, Ohio, in a paper read before the Northwestern Ohio Medical Association, and published in the *Toledo Medical and Surgical Journal*, December, 1879, says that we should deliver the placenta promptly after the delivery of the child; it will then, in a great majority of cases, be lying in the vagina, and may be removed without difficulty.

We may deliver the placenta by expression, assisted by the voluntary action of the abdominal muscles and diaphragm, the *vis a tergo*, the so-called Credé's method, or by suitable traction on the cord, assisted as before, the *vis a fronte*. Either manner is allowable, when the placenta is loose in the vagina.

Correspondence.

On Vaccination.

Ed. Med. and Surg. Reporter:—

In your journal for March 6th, 1880, you have an editorial, headed, "Does vaccination protect?"

It may perhaps do some good to make known the following, to show that in this instance there could be no question as to the protection of vaccination.

In December, 1871, I was called to see a patient about four miles from town; on arriving at the place I found a house one and a half stories high, with but one room on the first floor and two above, and in one of the two rooms two beds, standing foot to foot, the bedclothes of each in contact; on one of these beds was my patient, with confluent smallpox.

The family consisted of the sick man, his wife and four children, the youngest a babe in the mother's arms and the eldest not quite twelve years old, not one of whom had ever been vaccinated. I said to the mother, You and the children do not sleep in this room! Yes, she said, and then added that the two youngest had been in bed with John (the sick man), playing, all morning.

I immediately vaccinated all in the house. They all remained in the house, and three days after the father died, one mass of corruption. The vaccination was successful with the mother and all the children, and not one of them contracted the disease.

Some, doubting, may ask was my diagnosis of smallpox correct? No doubt of it; we had at that time, in this place and vicinity, quite a number of cases of smallpox, with some five or six deaths from the same, and in addition my patient had been in the house and with the first cases of the disease that occurred here. R. B. Watson, M.D.

Lock Haven, March 19th, 1880.

Treatment of Lying-in Women.

Ed. Med. and Surg. Reporter:—

As a sort of addenda to the "Treatment of Lying-in-women," by the Medical Society of Baltimore, in the Reporter of February 28th, the following cases may be of interest:—

Case 1 is respectfully dedicated to Dr. Lynch, who thinks chloroform does not retard labor. I was called, at 5 P.M., to attend E. P., aged 20; cannot remember that she was ever sick before. She supposes herself pregnant; had no morning sickness, and has never felt quickening, pain, nor motion of any kind in the uterus. She thinks her confinement will occur next month. Night before last headache came on, which was relieved by hot applications. Last night no sleep and no relief, only as she was as close to a hot stove as she could be and not burn her clothes. Same to-day. Pulse 90. Bowels not moved to-day. By exclusion, I diagnosed transferred labor pains. Ordered a cathartic, and to report after its action. 11 P.M. The cathartic acted freely; no

pain in the head, but labor pains every 8 minutes; os size of a silver quarter, and vertex in the first position. Midnight. Os size of a silver dollar; the perineum feels unusually rigid; patient is getting peevish, and wants chloroform. She says she "deserves it as much as her mother ever did, to whom I always gave it." 1 A.M. Chloroform given until she does not complain. Pains recur every 15 minutes; very light. 3 A.M. No perceptible change in either the os or perineum. From 3½ to 4 A.M., chloroform was given until narcotism was produced; no pain. Discontinued the chloroform and the pains returned, occurring every 8 to 5 minutes. 8 A.M. Head distending the perineum. Chloroform was given intermittingly until 10 A.M. Having fear of rupture of the perineum, chloroform was administered, to narcotism; no pains. Lessened the chloroform, and at 11.45 A.M. a girl was born, who required a little manipulation before respiration was perfect. Notwithstanding a full dose of ergot as soon as the child was expelled, there was a dangerous hemorrhage. The mother made a good recovery, and though the child was so very quiet while in utero, it was strong and active after birth.

Now, as to the diagnosis. Why were there no labor pains in the head, as well as in the teeth? One afternoon Mrs. E. requested me to extract the second inferior molars, as her sixth confinement was due, and she was anxious to get one night's rest before it came on; she had no sleep for two nights, on account of her teeth. As they were perfectly sound, I declined, and suggested an opiate, which she refused, preferring the toothache to the nausea always caused her. She said she knew she was not going to be sick, as she always had two or three days' notice. Four hours afterward I was called, and found the os about half dilated. She assured me that she had not suffered from the toothache since she felt the first labor pain. Her previous labors had lasted from eighteen to forty-eight hours; this one was over in less than eight hours from the time the toothache ceased.

CASE 2 is respectfully dedicated to Dr. Brinton, who thinks that chloroform retards labor. At three P.M. was called to Mrs. P., a lank, bony sandhiller, from Georgia, aged forty-two, multipara; youngest child nine ears old. Her previous labors were of average duration, and without any complications. I found her in care of two midwives, one of whom I knew had considerable skill, who said it was a case of locked head. Now, as I had never met locked head in practice, I had about concluded that it only occurred in books. Labor commenced between four and five A.M., and proceeded regularly till between ten and eleven A.M., when the membranes ruptured, and then the pains became absolutely incessant and terrific. I am afraid to tell how far her cries could be heard. Applying my hand to the abdomen I could feel the child about as well as though it had been wrapped in a green pelt. Head in the pelvic cavity, and apparently immovable. Chloroform, to complete narcotism, for half an hour, without the slightest effect on the expulsive force, or on the head. Determined to terminate labor with the forceps, and (save the mark) failed. As I had applied the forceps at the outlet, in the cavity, and above the brim, in about all the positions described by the authors, I flattered myself I knew a thing or two about forceps, and you may be sure I did not relinquish the attempt very willingly. What next? My nearest counsel was twelve miles away, and it seemed certain that the uterus would give way before a messenger could go and return. Even if it did not what more could be done? and what chance would the woman have after so long a delay? The way I answered was by performing my first and last operation of craniotomy, after having kept her fully chloroformed one and a half hours.

Wishing to operate on the left eye of a girl, eight years old, I gave ether, and failed to control the spasmodic action of the ocular and palpebral muscles. Two days after tried, with alcohol one part, chloroform two parts, ether three parts, and failed. Three days after tried a full dose of morphia, followed by chloroform, till it affected her so profoundly that it required constant attention from 10½ A.M till 6 P.M. to avoid reporting death from chloroform, and failed to operate. She afterward fell into the hands of a peripatetic eye doctor, who gave chloroform with the same result, except that he attempted to operate, and left the eye worse than before. He declined to use chloroform again. She then passed to the care of Prof. Holmes, of Chicago; and her father informed me that the Professor gave chloroform once, and declined to repeat the trial. Result, blindness.

The above are extreme cases, met with in a long and tolerably extensive use of chloroform. My obstetric record has not been kept as regularly and minutely as it should have been, but sufficiently so to prove that post-partum hemorrhage is more likely to occur when chloroform is used. The tendency can generally be overcome by using ergot. In multipara, with a distensible perineum, I give it before the expulsion of the fœtus. In primipara after. Have never seen hour-glass contraction follow chloroform, and do not think ergot can cause it when given as above indicated. Have had but one fatal case of post-partum hemorrhage, and then chloroform was not given, simply because the patient would not take it. After the expulsion of a stillborn child the uterus failed to contract, in spite of ergot, stimulants and pressure. The prostration becoming alarming, extracted the placenta, and tried my hand, ice, alum and tannin in the uterus, pressure on the aorta, and position with the head low, to no purpose. Sent five miles for persulphate of iron. Patient died before messenger returned. Do not think persulphate would have changed the ultimate result, but since then it has always had a compartment in my obstetric case.

San Diego, Cal. F. R. MILLARD, M.D.

Physicians and Midwives.

ED. MED. AND SURG. REPORTER:—

I write to you for information on a point about which I myself am in doubt.

I was called upon a few days ago to hurry to the assistance of a midwife attending a woman in her first confinement. I was requested to

bring my forceps, as the case was thought to be a difficult one, and certainly had been very tedious. I hastened to the address given, and entering the lying in chamber, found the midwife engaged in delivering the child. I quickly questioned her in regard to the labor, and was informed that she had succeeded in turning the child, and that now the head was disengaged. A pain just then came on. The midwife supported the head, I assisted in urging the woman to bear down, and in a few moments the child was born. The midwife tied the cord, removed the placenta, washed the child, etc. I gave a few directions, which were complied with, and helped make the woman comfortable. I then returned to my office.

I was really of little service to the midwife; the obstacles to the safe delivery of the child which she feared existed she herself overcame, and I was really not much else than a *force in reserve.* The midwife understood her business, and I did not interfere, offering only a few simple suggestions.

In the first place, should a physician so called upon oblige the midwife to step aside and he assume charge of the case? or should he do as I have just cited? In answering this, it is to be kept in mind that the midwife had been engaged for the case, and this included her supervision of it throughout the entire period.

What, if a physician under such circumstances be asked his fee, should he consider a just sum? the family being poor.

Is it the duty of the physician to continue visiting the woman? or is he to consider himself in the light of a consultant, and permit the case to remain under the care of the midwife?

Who of the two, the physician or the midwife, should make a return of the birth to the Board of Health? A reply will greatly oblige a

Philadelphia. YOUNG PHYSICIAN.

[We should say that a physician called to a case of labor on which a midwife is in attendance takes precedence of the midwife. He should give attention to the existing complication, and having relieved it, he has no further to do with the case. He is a consultant. The midwife is expected to make the return of the birth. The physician's fee should be less than if he had charge of the case. In the instance cited, probably the usual consultation charge would be correct.—ED. REPORTER.]

NEWS AND MISCELLANY.

The Bogus Diploma Business.

A week or two ago the Committee of the Methodist Conference to which was referred the charges against Rev. T. B. Miller, M.D., the dean of the Philadelphia University of Medicine and Surgery, reported that after full investigation they found both charges and specifications amply sustained, and sentenced the offender to deposition from the Christian ministry and expulsion from the Methodist Episcopal Church.

A few days later the stock and fixtures of this precious institution were seized and sold at constable's sale, for rent. We have no expectation, however, that this pestilent nuisance is eradicated. It will continue to put up its head until all connected with it get their just dues in a public prison. Some general measure should be devised to reach these diploma selling concerns here and elsewhere. According to the Cincinnati *Lancet*, there are within the limits of that city already half a dozen so-called medical colleges not possessing a shadow of legal authority to issue diplomas. This issue of diplomas without legal incorporation as a college is by no means so uncommon in other States, as, for instance, New York, as might be supposed. In veterinary, as well as general medicine, there are several schools in that city whose diplomas are frauds upon the body politic, or, at least, no better than certificates of proficiency issued by men who have no proper claim to the prefix of Professor, and some of them none to the degree of Doctor of Medicine or Veterinary Surgeon.

Alleged Yellow Fever in Memphis.

In a letter to the National Board of Health, Dr. F. W. Reilly refers to rumors and reports which have been lately in circulation as to the reappearance of yellow fever in Memphis. These assumed definite shape early in March, in a telegraphic inquiry from St. Louis, which was referred to Dr. Reilly for investigation. A minute history of each of the "suspicious" cases was obtained, and in no instance was there any ground for associating the disease or death in the remotest degree with yellow fever poison. Dr. Reilly gives the clinical notes of each case, which fully confirm his statement.

Co-operative Drug Stores.

It is stated, in the *Western Lancet*, that in San Francisco a movement has been set on foot by several prominent physicians for the establishment of coöperative dispensaries, owned and supervised by themselves. A group of physicians, say ten or twelve, whose offices are in the same neighborhood, associate together for the purchase of a stock of drugs, rent a room, and employ a competent pharmacist, whose duty will be simply to fill their prescriptions. The advantages to the physician of thus dispensing his own medicines will, the *Lancet* thinks, be unquestionable.

Personal.

—Dr. William Thomson has been elected Honorary Professor of Ophthalmology at the Jefferson Medical College.

—It is understood that the valuable library of the late Professor J. Aitken Meigs will be presented, by his father, to the Jefferson Medical College, with which the deceased was connected. The gift will be known as the "Meigs Memorial Library."

—The New York papers of Sunday last contained the notice of the death of Dr. Geo. W.

Peipher, of Newark, formerly of this city, aged 77 years. The accounts stated that he died of starvation, but we cannot believe this possible. He was well connected and had many relatives able and willing to provide for him.

Items.

—*Correction.*—On page 272, column 2, line 32, for *favorable* read *unfavorable*.

—Reading, Pa., is to erect St. Joseph's Hospital immediately. The plans have just been adopted by a committee of physicians.

—Benvenuto Cellini tells us, in his Autobiography, that the most dangerous poison known to the Italians of his day was powdered glass. A woman in this State tried this substance lately, by mixing the powdered glass in sausages, but it was discovered in the first mouthful, and she was promptly arrested.

—When the news came of the revolution in Turkey and the deposition of Abdul Aziz, Queen Victoria, it is said, lost no time in intervening in his behalf, by telegraphing to Constantinople and expressing her hope that the ex-Sultan would not be subjected to any violence or ill-treatment. "Soignez le bien"—Take good care of him—said her majesty; but the cruel telegraph made her say, "Saignez le bien"—Bleed him well; and how they bled him all the world knows.

—A "maguetie" doctor in this city stated, in a recent lecture, that there are over 1300 healers in this State, known as clairvoyant or magnetic healers, acting under the control of spirits, and the enforcement of the act now on the statute books, popularly known as the medical law, will deprive 1204 of these healers, who never graduated and who do not have diplomas, from following their profession." That is just what is wanted. It is high time to sweep out these pestilent quacks with a strong hand.

—An "Indian doctor" and a colored doctress were arrested last week, at Lancaster, Pa., on complaint of the Lancaster City and County Medical Society, charged with practicing medicine in violation of the act of Assembly of March 24th, 1877, which requires all itinerant doctors, and those having diplomas, but not being residents, to take out a license. The defendants were held in bail for trial at court. The penalty, upon conviction, is a fine of not less than $200, nor more than $100.

OBITUARY NOTICES.

—Dr. D. G. Thomas, a leading physician of Central New York, died at Troy, on Saturday, March 27th, aged 71.

—Dr. H. H. Toland, of San Francisco, died, suddenly, February 27th. He was well known as a surgeon, a teacher, and an author. His recently published *Lectures on Surgery* had brought him prominently into notice.

—Dr. E. Copeman, of Norwich, England, is among recent decedents. He had written considerably for the medical press. His first and last essays dealt with blood-letting. His most important contributions to medical science, however, are a series of papers on dilatation of the os uteri in treatment of vomiting in pregnancy. These have attracted very great attention in England, this country, and also on the Continent of Europe.

—Dr. B. Rush Senseny, of Chambersburg, Pa., died at his house in that town, March 28th, from the results of a disease of the femur and its articulation, from which he had long been suffering. He had for a number of years conducted the principal vaccine farm in this State, and his writings on vaccine subjects and smallpox had made his name widely and favorably known to practitioners. Personally, he was a gentleman of agreeable manners and estimable character, and his loss will be regretted among a wide circle of acquaintances.

QUERIES AND REPLIES.

Dr. D. asks: What is the general opinion of physiologists in regard to the healthfulness or unhealthfulness of sleeping in the same room with flowering plants? Do they not at night absorb carbonic acid and give off oxygen, the reverse of this taking place during the daytime. And if this be true, in what manner can they be injurious?

Ans.—Although opinions differ on the safety of sleeping in rooms with flowering plants, the weight of evidence is against the custom.

Dr. L. G. A., of Ky.—1. In the case you mention, where Dr. Z. and others retired with two homœopaths into a private room to consult, there was an undoubted infraction of the Code. 2. To charge a consultation fee, implies a consultation.

Dr. J. H. N., of Ga., refers *Hallerus* to *Colossians* iv, 14, for proof that the Evangelist Luke was a physician.

Dr. Edward, of Mo.—The most recent investigators of *tayuya* say it has no anti-syphilitic properties whatever.

MARRIAGES.

BOURNONVILLE—WILSON.—In this city, on the evening of March 10, 1880, by the Rev. Thomas J. Shepherd, Dr. Augustus C. Bournonville and Mrs. Amelia S. Wilson.

LINDERMAN—EVANS.—At the residence of the bride's parents, Brooklyn, March 16, by the Rev. C. N. Sims, Dr. G. B. Linderman, of Bethlehem, Pa., and Francis Armenia, daughter of George A. Evans.

McCALLUM—THORNTON.—At Lake, Miss., on Thursday, Feb. 5th, 1880, by Rev. G. H. Thompson, A. McCallum, Jr., M.D., and Miss Annie Thornton, all of Lake, Miss.

WINSTON—LEWIS.—On Thursday, March 11th, at St. Mark's Church, by the Rev. Dr. James H. Rylance, D.D., Dr. Gustavus S. Winston and Jeannie Louise Lewis.

WOOLSTON—WORRALL.—At Elizabeth, N. J., March 15, 1880, Rev. Mr. Woolston, of the Baptist Church, and Agnes, eldest daughter of Dr. I. S. and Helen Worrall.

DEATHS.

HUN.—On Saturday, 13th ult., at Stamford, Ct., Dr. Edward R. Hun, in the 38th year of his age.

OPDYCKE.—In this city, on the morning of the 14th ult., after a short illness, Dr. W. Opdycke.

RAPHAEL.—In New York, on March 17, Benjamin I. Raphael, M.D.

THE

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Communications.

CUPRIC TEST PELLETS.*

BY JOS. S. NEFF, A.M. M.D.,

Lecturer on Urinary Pathology at the Jefferson Medical College, Philadelphia, etc.

At a meeting of the Clinical Society of London, held January 23d, 1880, Dr. Pavy introduced to the notice of the profession a new qualitative test for sugar; strictly speaking, a new form of an old test, for it was nothing more than Fehling's solution transferred into a solid form; but the method of obtaining this form was not explained.

As is well known, of all the tests for sugar in the urine the copper tests are the best, at least when delicacy and precision are aimed at. The best of these are Fehling's or Pavy's solutions, which contain cupric sulphate in combination with an alkaline tartrate, and in such a condition that when brought in contact with grape sugar, at a temperature of 100° Cent. (212° Fahr.), the cupric salt is reduced to its lower oxide (cuprous oxide).

These solutions, although of well attested value, have one great objection, viz., the change which takes place when kept for any length of time, or when light and air have access to the fluid. This change allows the cupric sulphate in solution to become deoxydized when the fluid is boiled, without necessarily the presence of sugar. Another slight objection is that the stopple of the bottle in which the solution is kept is apt to become fixed unless in constant use.

*Exhibited to the Philadelphia Pathological Society, March 25th, 1880.

These points were given by Dr. Pavy as his reasons for undertaking the incorporation of the ingredients of the ordinary test solution into a solid and permanent form; and at last, after many fruitless attempts, his efforts have been crowned with success, as shown by the presentation of his "cupric test pellets" to the Society, as above stated.

The great practical use of these pellets at once suggested itself to me, and I endeavored to have some made in this country, that their use might be made practicable without the great expense of importation.

In the report of Dr. Pavy's remarks* no mention is made of any formulæ, so it is fair to suppose that the doctor himself was ignorant of the processes by which he arrived at the result, stating that "his chemist surmounted all obstacles," etc. Therefore it is impossible for me to say whether the pellets to which I now call attention are made in the same manner as the English. I suggested the idea to Mr. McKelway, chemist, having first called his attention to the matter, and desired him to make the necessary experiments, in which he has been so successful, and it is, therefore, through his aid I can now present to the profession the "cupric test pellets," being not only a convenient and practical means for detecting the presence of sugar in the urine, but also one for obtaining the exact amount; a quantitative, therefore, as well as a qualitative test.

Qualitative.—For detecting the presence of sugar proceed as follows: Place a pellet in a test tube, add a small quantity of water (better distilled), heat until perfect solution is obtained.

**British Medical Journal*, February 7th, 1880.

when a clear, deep blue fluid will be the result. Then proceed in the same manner as when using Fehling's solution—for, in fact, it is now almost identical with it—add a few drops of the suspected urine, and if glucose be present, upon boiling, the cupric sulphate which is held in solution becomes deoxydized by the sugar present, and we have the cuprous or sub-oxide, which shows itself by the change in color, first as a yellowish precipitate, due to the hydrated sub-oxide, which subsequently loses its water and becomes the red sub-oxide.

Precautions.—The same precautions are, of course, necessary here, as when using any of the copper tests.

The English pellets, up to this time, have been prepared only for qualitative analysis; we have, therefore, advanced a step in being able to determine the amount as well, as each pellet represents accurately five milligrams of grape sugar.

Quantitative.—The quantitative analysis is performed by the volumetric process in the same manner as with the ordinary copper test solutions. The only simplification by using the pellet in this form of analysis is that it does away with the necessity of measuring or weighing, which is necessary when either Pavy's or Fehling's solutions are employed.

Approximative.—With this new form of test a very accurate approximate result can be arrived at, which is practicable, simple, and requiring but a few moments for its accomplishment, and will, therefore, doubtless, meet a long-felt want to the busy practitioner, who may not have a laboratory at his disposal, or the time required for quantitative analysis by the ordinary methods.

Allow the urine to be tested to drop slowly into a large test tube, containing one cupric pellet in solution, at a boiling temperature, until the cupric sulphate is entirely deoxydized, which will be known by the disappearance of the blue color. Now, as the amount of sugar required to accomplish this result is known, the only thing that remains is to have some means of determining the quantity of urine used. This can be done by using a graduated pipette or a minim glass.

It may be mentioned here that it is better to dilute the urine, as then the test becomes more accurate, and the precise moment when the blue tint leaves can be more readily determined.

Example.—For example, fill a pipette graduated in cubic centimeters with a solution of one part urine to nine parts distilled water. Then keeping the test solution (one pellet having been dissolved) at a boiling point, over a spirit lamp, allow the diluted urine to flow slowly into the test tube until all blue disappears, when a glance at the pipette will indicate that it has taken, for example, 10 c.c. to accomplish this, therefore 10 c.c. of diluted urine represents 5 milligrams of diabetic or grape sugar; but as only $\frac{1}{10}$ or 1 c.c. of this solution was urine, then in 1 c.c. of urine examined there is .005 gram of sugar. If in 1 c.c. of urine there is .005 gram of sugar, in 1000 c.c. of urine there must be 1000 x .005 gram or 5. grams. In this way, with a little calculation the amount of sugar in any given quantity of urine can easily be determined. If a minim glass is used it is only necessary to substitute the word minim for cubic centimetre.

By using a little precaution, keeping the pellets in a well stoppered bottle, free from moisture, they may be kept for an indefinite time. It is better to avoid shaking them too much, as the edges may become broken and interfere with the accuracy required for quantitative analysis.

Before closing I must mention that Dr. H. G. Piffard* has suggested, under the title of "A New Glycosuric Reagent," a pasty mass containing cupric sulphate, crystallized tartrate of sodium and potassium and sodic hydrate, which is said to remain permanent. But here again we have a qualitative test only.

The test pellets can be procured at 1410 Chestnut street.

214 *S. Fifteenth street.*

* New York *Medical Record*, March 23d, 1880.

DIPHTHERIA.

BY GEORGE HILL, M.D.,
Of Hughesville, Pa.

Read before the Lycoming County (Pa.) Medical Society.

It shall be the leading purpose to portray, in the plainest manner, through the following paragraphs, some views and items arrived at during a long experience with this disease. It made its appearance in this valley, Muncy, Lycoming county, Pa., in the year 1856. During eighteen years of town and country practice, previous to that date, I had never recognized a case of diphtheria. Since then there has been scarcely a year without some traces of this affection. It may, therefore, be said to have become a domesticated arrangement.

The primary cause having thus made a permanent lodgment, it only requires the necessary combination of conditions to render this *causus morbi* active. The best literature of the day, on

this disease, very clearly establishes for its origin a specific parasite, and justifies the conclusion that its spores enter, or impinge upon, the system, through the medium of the atmosphere, which spores, almost without exception, fix their abode upon a delicate mucous surface, always near the outlets of the body. When the requisite inflammation has been established, these spores suddenly appear as a fungoid growth, amid a deposit of disordered secretions. A suggestive feature in point here is that this cryptogam is only known to locate where the atmosphere has free access. Another is the great rapidity of its growth and early decay, the latter being indicated by the unmistakable odor of decomposition, which never fails, in a genuine attack, to occur as early as the second, or at most the third, day, when not antagonized by proper treatment. An interesting question arises, where shall we look for the matrix that gives nourishment to this subtle entity, in its earlier and migratory state, inasmuch as the disease is able to seek all localities? A very malignant form was met last fall, in a family living in a very primitive style, in a ravine of pines and hemlocks. The oldest son, aged fifteen, died, and two others were rescued only, I think, by early and thorough medication. Is it in the house or out? Perhaps both, although a strong point in favor of its domestication is that diphtherial fever prevails, proverbially, in its most malignant types, during the colder months, often in midwinter, when all growth and activity of the lower organisms without are dormant and harmless. The full measure of the mischief of months' accumulations under carpets, and gradual saturation of papered walls, is not accounted for. More especially, the constant vaporizing effects of the dining room and kitchen, to which, in many houses, is added the weekly steaming of wash day, in winter, thus rendering those walls a rich nidus for the growth of moulds, at all seasons. Let it, however, be understood that filth, gaseous, liquid or solid, of itself can never be the ultimate cause of any zymotic disease. It would be just as reasonable to expect to produce black diamonds, as a solitary germ, by any possible combination. Filth, per se, in this regard, can play no other part than that of a nidus of development, and as such should always be removed.

The exciting cause is, or may be, a cold, which so readily produces the necessary inflammation, upon which is quickly developed a growth and deposit, the true pathognomon of this disease. And it is doubtful whether the germs would ever spring into activity in the human system without an exciting cause, producing the condition referred to. Diphtheria, as met with here, therefore, is often ushered in with chills, fever and headache, mostly all slight, sometimes only in part or altogether unnoticed, followed by inflammation and tumefaction of the faucial regions. Between twelve and twenty-four hours after the first symptoms of derangement there appears quite suddenly a coating, which, in simple cases, is of a milk-white color, involving in all cases the tonsils first. In graver types the faucial inflammation is more intense and darker in color, and the tumefaction greater, and the coating leaden or ash colored, even possibly black, involving not only the tonsils, but the uvula, the nares and the roof of the mouth, and presenting in extreme cases the resemblance of tabby velvet, the latter state being always caused by the drying influence of the atmosphere, in breathing through the mouth. Often, from early septic influence, the glands about the throat are swollen and tender, and in the worst of such cases an extreme tumefaction occurs, that may extend from the lower jaw to the middle of the sternum. Rarely, the patient may have contracted, simultaneously, a croupal inflammation. The trachea in that case is certain to be invaded, and is always a most dangerous complication, even when the disease might otherwise be regarded as simple. When scarlet fever is epidemic, this disease is sometimes attended with a perfect scarlet rash, which has misled some to suppose these affections to be one and the same. Uncomplicated diphtheria is never characterized by great heat, while scarlatina is the hottest of all diseases.

Although the disease is at first local and localizing in its inception, it soon becomes general, inasmuch as the early results themselves, through absorption, become causes of general disturbance, leading to a wide range of constitutional possibilities. Two forms of poisoning follow each other. First, from the specific fungus; and secondly, from sphacelated tissue.

The destruction of tissue in simple cases may stop with the epithelium, but often the mucous membrane, muciparous follicles and connective tissue of the tonsils may perish within three or four days, and these organs be destroyed. Is diphtheria contagious? Certainly not, as compared with measles, mumps, or smallpox. The germs in the diseases last named are of themselves septic, and consequently able to set up special diseased action on their own account. But the reverse holds in typhoid, intermittent and diphtherial fevers. In the three last named the germs, being innocuous, may exist in the system an

indefinite period, consistent with health. Hence, disturbing influences are essential to their further development.

After what has been said it rationally follows that a decided antiseptic and parasiticidal treatment should be pursued if success is to be attained. The first and great remedy is chlorine, which in all cases, especially critical ones, must be given in full doses and often repeated during at least the first forty-eight hours of the treatment. And among the essential adjuncts and combinations are sulphur, carbolic acid, tannic acid, glycerine, spiritus frumenti, quinine and lime stesming. The chloric and other salts have only lost caste for lack of direct influence, more especially in malignant cases, where often the first forty-eight hours must determine the mastery by medication. For further elucidation a few cases will be cited.

M. B., girl, aged 13. Seen first on Saturday morning; commenced complaining last evening, with chills, headache and sore throat, having a restless night, tongue lightly coated, pulse 90, tonsils very much swollen and coated white, uvula relaxed, constant desire to clear the throat, deglutition painful. Ordered—

R.	Aquæ chlorinii,	℥ ij	
	Sodii sulpho-carbolat.,	grs. cxxviij	
	Glycerinæ,	℥ j	
	Aquæ.	q.s ℥ iv.	M.

Two teaspoonfuls to be taken every two hours, diluted with water, to be held a moment well back before swallowing. Also sulphur sublimatum, grs. xv, mixed with a teaspoonful of syrup, every six hours, until an apparent effect is produced. Locally, finely pulverized tannic acid applied to the exudation growth with a moistened swab, every four hours; and as an occasional gargle—

R.	Saturated sol. sodium chloride,	℥ j	
	Water,	℥ iij	
	Glycerine,	℥ j.	M.

Case seen daily. Tuesday morning exfoliation complete; better; internal medication reduced one-half; glycerite of borax reduced with water, substituted as a gargle. Friday morning nearly well. Internal medication discontinued. Monday returned to school. One week previous a brother, aged ten years, held and treated correspondingly. Result the same.

George W., aged 10 months, seen first on Tuesday; sick three days; glands enlarged, with external tumefaction; refuses to nurse; throat coated; offensive odor; had been taking solution chlorate of potash from the first. Ordered—

R.	Aquæ chlorinii,	℥ v	
	Sulpho-carbolate soda,	gr. xv	
	Glycerinæ,	℥ ss	
	Water,	q.s ℥ ij.	

Sig.—Dose, a teaspoonful every two hours.

Throat swabbed with glycerite of tannic acid, reduced with water, every four hours. Sulphur sublimatum grs. v, in syrup, every six hours, as a laxative. Thursday morning brighter; odor disappeared; partial exfoliation of deposit. Friday, throat clean; first mixture reduced one-half. To gratify the anxious madam chlorate of potash in solution was allowed, up to perfect exfoliation, then stopped, on account of the irritation it produced. Saturday, child nurses well. Sunday, medication ceased.

Miss Lizzie R., aged 18, January 7. Complaining four days; all the time taking chlorate potash solution; growing rapidly worse; countenance leaden; inflammation dark red, tonsils scooped, much enlarged, touching each other; deposit extensive and ragged, ashy in color; glandular sympathy and strong odor of decomposition. Septic poisoning fully initiated. Ordered—

R.	Aqua chlorinii,	℥ iij	
	Sulpho-carbolate of soda,	gr. clx	
	Glycerine,	℥ j	
	Water,	q.s ℥ vj.	

Sig.—Dose three teaspoonfuls every two hours, held a moment before swallowing..

Sulphur sublimatum grs. xx in a teaspoonful of syrup every six hours, as a laxative. Gargle, glycerite of tannic acid ℥ j and carbolic acid glycerite ℥ ij, mixed and reduced one-fourth with water, applied every four hours. Also glycerite of carbolic acid to the enlarged glands about the jaws, and a thin slice of bacon applied to cover the parts. 9th, bowels moved freely; sulphur discontinued; no worse. 10th, odor neutralized and throat looking better. 11th, exfoliation complete; all medication reduced one-half. 15th the scooping of the tonsils filling and closing up, and patient dismissed from regular attendance.

Just two weeks previous to this writing Mr. B. called at my office with a hasty summons to see his daughter, aged 21, who, he said, was *very ill with the black diphthery.* Had been complaining two days only. The throat and tonsils very much tumefied. Presenting an excavation in the left tonsil, three lines in depth, with an irregular but well defined edge, oval in shape, long diameter nine lines, short, seven, coated densely with a black deposit, caused, of course, by contact with devitalized blood. The opposite tonsil also scooped and covered with gray. Swallowing was very difficult but not painful,

which is notably common in bad cases. This patient, however, did well on the above line of treatment. The parts have assumed quite a healthy appearance (14 days), though there is still enlargement of the tonsils and the excavations not quite filled, but the young lady has taken her place at the counter. How was this rapid destruction brought about? Surely not by ulceration as generally understood; but by a rapid devitalization of tissue caused by the mycelium of the cryptogam penetrating it and causing death as far as it goes. An analogue, to some extent, may be found in the habits of the rusts and mildews of the vegetable kingdom. Instance, a certain white mould common to several of the roots and tubers. The half-grown potato may present patches the size of a split pea, less or greater, which, in a dry season, only feeds upon and destroys the skin, but always leaves scars and depressions on the surface of the tuber, and by so much only damaging the crop; but when favored with the proper amount of shade, heat, and moisture, the mycelium, acquiring strength sufficient to penetrate the subjacent structure, the result, in a short time, is the death of more or less of the crop by soft gangrene.

The use of whisky is never required in the treatment of ordinary cases of diphtheria, and should not be resorted to until there is a call for temporary support. The "whisky treatment" of this disease, as it is called by some of the doctors, is a "delusion and a snare." The first because of its inadequacy to neutralize or cure. The second for its evil aspects morally. When the capillary and peripheral nerve forces begin to flag and fail, then also is quinine no longer a non-essential, which will be indicated by local chill—cold toes and cold knee-caps, the sure concomitants of local congestions.

There is another class of cases to be noted, occurring seldom, but oftener among boys than girls, by reason of their greater exposure. When either ordinary or membranous croup occurs at the inception of this disease, as before hinted, the trachea is certain to be invaded. The treatment of such cases will not vary from that of others of like intensity, except in one particular, which will here be described by presenting two or three cases.

December 25th. Was called to see C. R., boy, aged eight years, with the usual symptoms of a malignant case. Tonsils, uvula and nares involved; deposit ash colored, breathing labored, croup cough; had been sick twenty-four hours. To the usual treatment was added the following: about an ounce and a half of quick lime, fresh from the kiln (not air slaked), is put into a tin cup, upon which is poured half a pint of cold water. Over this is inverted a funnel, not so closely as to exclude the air. To the tip of the funnel is attached a tube with a suitable mouth-piece. The rising steam to be inhaled for a period of half an hour; if the steam fail, to be quickly renewed. An intermission of half an hour is allowed, and then the steaming resumed as before; and so on, day and night, with the utmost perseverance. An emetic of syrup of ipecac. will, at various times, be required, to expel detached fragments and avert the impending suffocation that must necessarily occur in all such cases. At the end of fifty hours the deposit seemed about all expelled from the trachea, but one hour later emesis was again produced and there was expelled the delicate pseudo-membrane, a perfect cast of the windpipe, and the breathing at once became calm and free. During all these trying hours ice was freely allowed, as it always should be when there is heat and dryness of the mouth and throat. Also spiritus frumenti, a teaspoonful, with a tablespoonful of milk every half hour, and a grain of quinine every three hours. All that need be added is, that the boy made a good recovery.

March 2d. Called to see W. S., boy, aged four years. Diphtheria, with croup cough and labored breathing; rapidly growing worse; countenance livid and anxious. Instituted at once the additional lime steaming and emesis, which were faithfully carried out, by the watch, for a period of thirty-nine hours, when every fragment which seemed to offer any impediment to breathing was removed. There was no false membrane, and this child recovered in seven days sufficiently to be removed with safety to another locality.

February 11th. Was requested to see C. R., boy, aged twelve years. Tonsils, uvula and nares involved; the visible parts densely coated; the voice a whisper, and a corresponding croup cough; livid and distressed countenance. Lime steaming at once instituted, and other treatment as in Case one of this form, carried out perseveringly, through many hours of impending suffocation. But at the end of forty-seven hours a perfect cast of the trachea was ejected, with scarcely a particle of diphtheritic matter adhering, bringing with it a relief so sudden and so great as to set aside all further anxiety for the patient. This boy was able to be out in two weeks. The sequel from this attack was a nasal gleet, from which the boy has not yet (two years) been entirely relieved.

The above cases, with two or three others, have occurred to the writer within the last four years, and the dates are given to show the season when they are most apt to occur. During the first five days of December last I attended a boy, aged four years, with a well marked attack of diphtheria. On the next day after dismissal he was allowed to go out to play, and croup set in, which grew worse for several days, but subsided at length, under treatment. Would this have been diphtheritic croup if it had occurred five days earlier? The answer has been indicated.

Lime steaming is not to be universally recommended, except in the cases indicated, on account of its caustic effects. Where the hastening of tardy exfoliation is desired, and it always should be, even where there is no danger of suffocation, a handful of sage or hops, over which is poured boiling water, is altogether preferable, and often found to be very soothing if the steaming is properly followed up. In many cases where inadequate treatment has been pursued relapses are liable to occur over a period of a year or more. For this reason, and others of still greater moment, the physician should always insist on seeing his patient at least once a week, until a normal state of the throat has been fully established. By what process of reasoning tinct. iodine, tinct. of iron, or nitrate of silver should still be used locally by some, is incomprehensible, unless it be to destroy still further that which is already on the "ragged edge" of vitality. Among the sequelæ are not only numerous erratic disturbances of the nervous system, but diphtheria has become a leading factor in producing chronic follicular disease of the faucial regions, hypertrophy of the tonsils, relaxed uvula, as also that opprobrium passing by the name of chronic catarrh. In prophylaxis, good hygiene stands first. When the disease takes on an aggravated type in a family, an effort at elimination should be made by giving the other members full doses of aqua chlorinii and sulpho-carbolate of magnesia or soda, three times a day; and two to twenty grains of sulphur, according to age, every evening, for a period of five days. But the greatest immunity yet found here is a good recovery.

In conclusion, the saturating treatment here indicated, so far as such procedure is prudent and possible, has been adopted by Dr. G. A. Hill, lately of this place, now of Toledo, Ohio, and myself, for a period of nearly five years. During this time not a croupal case has been lost by either of us; and the general death rate, as compared with other years, has been so vastly lessened, that I trust this itself will in some measure justify this infliction.

A FEW NOTES ON THE THERAPY OF HEAT.

BY J. W. HICKMAN, M.D.,
Of Delta, Pa.

The heart of the frog will continue to pulsate for many hours after its removal from the body: and the rapidity and vigor of its contractions may be varied at will by changes of temperature. At a low temperature it will quickly reach a standstill. If, however, the experimenter subject it to a gradually increasing heat, it may be urged up to, or even beyond its usual life-rate. Nor is this true only in the extirpated heart of the frog; it may be shown, in a variety of ways, that the same fact holds good generally, and that heat is an excitant of the heart in the living patient as well. Thus heat is a powerful cardiac stimulant. In proof, who has not known of the almost instantaneous relief following the præcordial application of a hot poultice in cardiac embarrassment?

Again, through the effect of heat upon the circulation it becomes, in a certain sense, a stimulant of the respiratory function. If the body be immersed in a hot bath until the temperature of the blood be raised, the intensity of the discharge of the nerve-cells of the respiratory centres will be increased, and the energetic action of dyspnœa will be induced. M. Forster arrived at the same result by heating the blood of animals above the normal by the application of warmth to the carotid artery alone. In fact, we everywhere observe a close conformity between the temperature of the body and the activity of the respiratory process. How strikingly, for instance, does the hurried respiration of the febrile condition contrast with the slow and labored breathing of conditions attended with a temperature below the normal. Our knowledge of the dependence of all the vital processes in warm-blooded animals upon the proper heat of their bodies, should furnish us suggestive and invaluable data applicable in ordinary every-day practice.

The proper observance of this dependence would save the life of many a feeble, gelid infant born into the world prematurely, or even at term, as is the case not infrequently. The application of a high degree of dry heat is the correct and only availing procedure in such instances. It is essential, indeed, that we recognize the import-

ance of this principle wherever, in connection with embarrassment of the respiration or circulation, or both, there is a tendency to coldness, either as manifested by the sensations of the patient or by the thermometer. For example, in cases of chronic bronchitis with emphysema there is, through defective heat-production, a continual inclination to chilliness. That this deficit be artificially supplied is the very first indication in the treatment. Otherwise, should we attempt to urge on these lagging respiratory and circulatory centres by the usual agents, as digitalis, ammonia, or strychnia, we will find them largely fail to be of their wonted service. Our first care must be to have the patient kept in a proper temperature, say about 60° or 65° F., but not higher, for obvious reasons. Such subjects should, of course, be clad in an under suit of flannel, or silk, which many prefer, in that it is less burdensome. Hot drinks and warm food will also subserve a valuable purpose. If the circulation be specially labored hot poultices will effectively stimulate the cardiac ganglia. By attention to these seemingly trivial points much relief may be given to the patient and a reliable foundation established upon which to base such other treatment as may seem to be required.

Identically the same is true of all patients suffering from any extensive disease of the respiratory organs; for it is indispensable to the comfort of such sufferers that the temperature of their bodies be not allowed to fall below that of health. Wherever, in fact, there is any impediment to a proper performance of the circulatory or respiratory act, attention to this matter is of the utmost importance. As an example, the impeded breathing of the asthmatic is less difficult in warm than in cold weather: and the severity of the asthmatic paroxysm itself will be materially alleviated by the institution of proper measures to supply the necessary deficit in heat production. Of course, where the means and surroundings of such patients whose ailment is a thoroughly seated one will permit, or where there is a tendency to chronicity, these indications may be best met by urging a change of residence to a warm, equable climate. It must not for one moment be supposed, however, that a uniformly warm temperature is the only desideratum in the selection of a proper clime for this type of sufferers. Nor will any single locality be found beneficial to all patients afflicted with the same malady.

After surgical operations of serious import, it is essential to see that the patient's apartment be not only thoroughly ventilated, but that it be kept warm, the temperature being gauged by the thermometer. If necessary, in addition to this, the attendant must place about the patient jugs of hot water or bricks well heated. Especially must this point be borne in mind after operations about the respiratory organs or in opening the abdominal cavity. Many ovariotomists of the present day are careful to have their patient surrounded during the operation by hot sand bags or similar appliances, thinking it better to sustain the temperature than to attempt to restore it after its depression by shock. Under any circumstances, of course, heat would be contra-indicated in active hemorrhage. Nor in this statement do we except the injection of hot water for the purpose of checking post-partum hemorrhage; for that this application is worthy of confidence is, as yet, unproven, indeed, its supposed value is decidedly chimerical. In cases of narcotic poisoning, drowning, etc., where it is necessary to employ artificial respiration, it is eminently requisite that the patient's body be kept warm by a high surrounding temperature, by local appliances, or suitable garments; for all that we gain by the artificial breathing may be continually lost through a cold or falling temperature.

In the stupor and coma of uræmia or narcosis, after the institution of the usual remedial measures, the alternate application of dry heat and cold to the neck will be found a serviceable auxiliary.

In muscular rheumatism much good will often accrue from the ironing of flannel placed over the affected muscles; as high a degree of heat should be applied as the patient can possibly bear. We do not mean to say that this simple measure will in many cases take the place of the treatment by hypodermic injections of morphia and atropia, nor that by muriate of ammonia; but simply that it will be found a most efficient adjunct.

Bucknill and Tuke have advised a warm bath (about 95° F.) of thirty minutes for the sleeplessness and excitement of various forms of insanity, and report its soothing effect as remarkable. One of the most satisfactory agents in the treatment of chronic metritis, save when there is relaxation of the vagina with a large and spongy uterus, is the hot water injection, used about three times a day; it is essential that a large quantity of water be used each time.

As a dressing in recent lacerations and contusions no agent is at all comparable to warm water, either simple or medicated as may seem best. Heat has also a very wide application in

the local treatment of inflammation. It has the advantage of being entirely safe, even in the hands of the laity, where the use of cold is not unfrequently fraught with extreme danger. Indeed, as a rule, it will be found that hot applications in their various forms are productive of much more good than cold. They are more soothing and are free from any danger of producing metastatic action. After all, however, heat, like every other valuable agent, has its special indications and contra-indications. In those of a nervous, irritable temperament it will be far preferable to appliances of a cold character. It will also be preferable to cold where the inflammatory process has already made considerable advancement and especially where suppuration threatens. In all instances, however, it is highly proper that the practitioner be guided by the sensations of his patient.

OSSEOUS OCCLUSION OF THE VAGINA.

BY D. J. SNYDER, M.D.,
Of Scio, Ohio.

At 6.30 A.M., December 17th, 1879, I was summoned in haste to a neighboring village, to attend Mrs. Jane S., in labor. On my arrival, at 8.30, I was informed by the attending women that labor had been in progress since 6 A.M., and that they were very much concerned lest my arrival would be too late. I immediately made an examination, when my index finger came in contact with a hard, unyielding opening, about an inch and a half from the anterior part of the vagina, sufficiently large to admit it with ease.

My first impression, that the os was rigid, and that in consequence delivery would be slow and tedious was, upon further examination, proven not correct. Slight hemorrhage occurred during each pain. By exploring beyond the opening, the point of the finger came in contact with the true os, dilated as large as a silver dollar, somewhat rigid and tense; the head of the fœtus presenting, but could not make out the position definitely, on account of its spongy condition. My attention was then directed to the vaginal ring exclusively, as without its removal delivery through the natural channel would be impossible.

I obtained the following history of the lady: About five years ago, when only seventeen years of age, and in her first confinement, was in travail nearly four days. The head of the child during the greater part of that time was occupying the pelvic cavity. Not very skillful accoucheurs attempted the delivery by cephalotomy, using a hook instead of the forceps. They succeeded finally, and the lady made a very good recovery, with the exception that the sequel will show. Soon after she had incontinence of urine, which ever after annoyed her very much. She would not submit to an examination in order to ascertain the true nature of the trouble; which was in all probability a vesico-vaginal fistula. She had never worn a ring pessary, nor menstruated but once, about three years ago, since the birth of her child. Had always enjoyed good health, which her personal appearance fully corroborated, for she was well nourished.

I found the vaginal ring fully half an inch thick, rather more oval than round, diameter on outside about two inches, and as hard and tense as bone. Could easily explore the posterior part of it, which appeared like an uneven ring pessary firmly imbedded in the vagina. That it was of firmer structure than cartilage was beyond a doubt.

I determined that hysterotomy would have to be resorted to in order to save the life of the child, and probably that of the mother, and immediately dispatched messengers for Drs. Custer, McGavran and Stephenson. Drs. Stephenson and McGavran responded promptly, and fully corroborated my diagnosis and prognosis. Pains came on at regular intervals of from three to five minutes, and were excruciating in the extreme.

At 2 P.M. I left the case in the doctors' care, and went home to procure instruments. I returned in two hours, and found the unfortunate sufferer sinking rapidly; so rapidly, that in our judgment the operation would only hasten her end. She died at 6 P.M., after twelve hours in labor. An operation after death, to save the child, if possible, was not permitted.

There are several points of interest in this remarkable case; remarkable because of the bony structure of the ring and of the rapidity of the collapse.

Accoucheurs occasionally find cartilaginous rings in the vagina which yield readily and are easily divided with the knife. In this case it was impossible so to do; no incision could be made, whatever.

How was this ring formed? I have the following theory: In her previous confinement, the head of the child being large, the vagina not easily dilatable, a fold was formed around the occiput, which, upon constant pressure, produced congestion followed by inflammation, with the exudation of lymph, producing fibro-cartilage, which in due course of time became osseous.

Why the rapidity of the collapse? Twelve hours after labor commenced she was dead! I remarked that during each pain she had slight hemorrhage. Could it be possible that the placenta became detached, and death ensued from internal hemorrhage?

Will the profession please report any similar case that may have come under their observation, and the probable cause or causes of the change of structure in the present case.

OXYGEN INHALATIONS IN MEMBRANOUS CROUP.

BY JOSEPH B. POTSDAMER, M.D.,

Assistant of the Laryngoscopic Department, Jefferson Medical College Hospital.

This article is intended to show the value of oxygen in the treatment of membranous croup. The false membrane in the trachea forming a mechanical obstacle to the admission of air to the lungs, the blood is improperly oxygenated, which constitutes the chief danger in this disease. If we mix oxygen with ordinary air, a small quantity of the mixed gases supplied to the lungs will furnish the blood with a sufficient supply of the gas in question. It will be suggested that this theory, like many others, will not hold good in practice. Before attempting to write this article, we have put the theory to the test, which it has withstood beyond all our expectations. I will now describe a case of true croup in which we tried the efficacy of the gas.

Dr. J. Solis Cohen was called in consultation, by a friend of his, on Tuesday, January 20th, 1880, the case being one of membranous croup. Tracheotomy was performed by Dr. Cohen on that day, although the physicians had no hope of saving the child's life, it being in a very precarious condition. No tracheotomy tube was used, a piece having been cut out of the trachea. The child being of affluent parents nothing was spared to lead the case to a favorable termination —physicians, nurses, and all things necessary, were constantly at hand.

On Friday, January 23d, the child's face appearing cyanotic, Dr. C. ordered oxygen to be supplied to the child. This was done by getting a reservoir of the gas, then filling a gum bag with it, and then supplying the child from the bag by means of a gum tube attached to the latter and held over the opening in the trachea. The gas was supplied to the child at short intervals, from time to time, night and day. Under the influence of the oxygen the child rallied and did well until the following noon, Saturday, when symptoms of heart clot, and later on those of congestion of the brain, began to manifest themselves. At 3 P.M. the same day Dr. C. left the house. He had barely gone, when death apparently set in, cessation of respiration and absence of pulsation taking place. We removed the steam apparatus and the canopy from the bed and brought the mother to the child's bedside, where she fainted. After removing her, going to the child's side, I saw it make an attempt to gasp. I instantly turned the oxygen on, full pressure, holding the supply tube immediately over the opening in the trachea, performing at the same time artificial respiration. At the end of five minutes from the time I began I had the infinite pleasure of seeing the child begin to breathe naturally and the pulse to beat regularly. Three minutes elapsed from the time the child was declared dead until artificial respiration was begun. Not trusting the ordinary air, I continued supplying the oxygen at short intervals, but in spite of this precaution, at 3.40 P.M. the respirations became shallow, the pulse feeble and the lips blue. Five minutes later, that is, 3.45 P.M., the respirations ceased, the pulse and heart beat were no longer perceptible, and the face and neck became of a purplish hue. The lips, eyelids and borders of the wound were almost black, and the child became somewhat rigid. This time, without hesitation, I pronounced the child dead. The room was cleared, as before, the child was laid out, the jaws were tied, when, having my hand upon its chest, I thought I felt its heart beat. I instantly took the handkerchief from the jaws, turned on the oxygen and used artificial respiration as before. In five minutes the child was breathing naturally. This attack was the nearest approach to death that I ever saw. At 4.15 P.M., my friend Dr. Steinbach having dropped in, I related the circumstances of the case to him, but he appeared somewhat skeptical. At 4.30 P.M. he had the opportunity of witnessing an attack similar to the first described. I may here state that all the subsequent attacks were like the first, and not the second. At 5.30 P.M. the child had another attack. Dr. C. having dropped in at 7 P.M., we related the circumstances of the case to him, but he said nothing. At 7.30 P.M. the child had still another attack, Dr. C. being present. After the child had rallied, Dr. C. said that had he not witnessed an attack he would have taken our statements regarding them *cum grano salis*. When this attack came on Dr. C. declared the child to be dead, which was likewise done by the attending physician when he witnessed an attack

at 8 P.M. The child had two subsequent attacks, at 8.30 and 8.45 P.M. respectively.

These attacks of suspended animation, if we may so call them, were caused by membrane plugging up the left primitive bronchus. The membrane was subsequently removed by Dr. Cohen. The plug formed owing to the suspension of the steam for two hours on Saturday morning. The steam was suspended on account of an accident to the apparatus which generated it. Oxygen was used in all the attacks, in a manner similar to the first.

The next day the child was much better. It did well until Monday, January 26th, at noon. At this time convulsive movements began to manifest themselves, showing congestion at the base of the brain. These movements continued to increase until 4 P.M. From this time on they gradually lessened in severity and the child passed away quietly one hour later.

The child would most likely have died from imperfect aeration of the blood on Friday, January 23d, had it not been for the oxygen inhalation. Had our steam apparatus been in perfect working order on Saturday, we would undoubtedly have prevented the heart clot and the death-like attacks. The repeated resuscitation of the child was due to the use of the gas. But the heart clot having advanced too far, death was ultimately causd by the washing of emboli into the brain.

I firmly believe, had it not been for the accident with the steam on Saturday morning, the child would most likely be among us to-day.

In most cases of croup the children cannot have the proper attention. In these cases it is of no use to test the efficacy of oxygen. But in cases like the one described, where all which science or money can procure is at our disposal, I believe that "oxygen," if used, will play an important part in the treatment of the disease.

Medical Societies.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

February, 1880.

Dr. Richard A. Cleeman presented a full and thorough report on the Meteorology and Epidemics of Philadelphia for the year 1878.

Dr. Arthur V. Meigs read an account of a case in which Heart Clot occurred as a Consequence of Uræmic Convulsion, and Tumors in the Heart. It was as follows:—

L. F., aged 38 years, born in New Jersey, married, a peddler by occupation. Admitted to the medical ward of the Pennsylvania Hospital on August 7th, 1879; he states that his health has not been good for three or four years past; during that time he has been troubled with frequent micturition, and has had attacks of asthma. He would have an attack during the night, and be able to go about again as usual in the morning. Once his feet and legs swelled. There can be no distinct history of convulsions obtained, although he has frequently had what he calls "spells." He denies ever having had syphilis. The night before admission he fell in a convulsion, which was followed by stupor lasting a considerable length of time.

On admission, the patient was almost collapsed, the skin being blue, the extremities and face cold. He was retching and vomiting violently, and was at once put to bed, when the vomiting soon ceased, although he continued cold and blue. The heart's action was excessively slow and irregular, there being, when the patient first came into the ward, two or three respirations taken for each beat of the heart. His intelligence was perfect. He was ordered on no account to raise himself in bed, and was given milk punch every half hour, for the first hour or two, afterward to be continued regularly every hour, and a hypodermic injection of $\frac{1}{120}$ of a grain of atropia with $\frac{1}{8}$ of a grain of morphia. This was to be repeated at night if necessary. There was a loud, blowing, systolic murmur heard at the apex of the heart. The urine, upon examination, was found to be acid, sp. gr. 1.030, and contained a slight amount of albumen. The microscope showed white and red blood corpuscles and hyaline casts. P.M. Pulse, 30; respirations 20.

August 8. He is very much as yesterday, except more calm and quiet, and the vomiting has entirely ceased. The pulse is excessively slow, and he complains of frequently feeling faint, when things swim before him. He is still deeply cyanosed, and the extremities are cold. Ordered infus. digitalis, f. ʒ ij, three times daily. The murmur heard over the heart is still loud at the apex, but now seems to extend more toward the base, and is rushing and rasping in character, louder toward the second right costal cartilage than at the apex, and very curiously prolonged. A.M., pulse 34, respirations 20, temperature, 100°; P.M., pulse 36, respirations, 18, temperature 98°.

August 9th. Continues in much the same condition, and has frequent syncopal attacks. Ordered five grains of carbonate of ammonium every two hours. A.M., pulse 40, respirations 18, temperature 98°; P.M., pulse 36, respirations 18, temperature 98°.

August 10th. A.M., pulse 36, respirations 18, temperature 98½°; P.M., pulse 36, respirations 18, temperature 98°.

August 11th. Pulse 36, respirations 16, temperature 97½°; P.M., pulse 38, respirations 18, temperature 97½°.

August 12. Pulse 36, respirations 18, temperature 97½°; P.M., pulse 36, respirations 16, temperature 98°. Since the last note the patient has continued in the same condition until this evening, when, without other warning, he shrieked and died almost instantly, at half past seven.

A post-mortem examination, made about sixteen hours after death, showed the rigor mortis very well established. The lungs were congested,

and showed emphysematous spots along the margins, and some œdema of the lower posterior parts. The heart was much dilated, and weighed, when the clots were removed, one pound one and a half ounces. In the right auricle a clot was attached in the auricular appendage, and extended through the tricuspid orifice, partly red and partly white, principally white, however, and red at its ends. In the septum there was a mass as large as a walnut, half in the auricle and half in the ventricle. The leaflets of the tricuspid valve were normal in thickness, but showed a few small yellow patches. The right ventricle was dilated, and a long, tough, yellowish-white clot was attached to the columnæ, and extended out into the pulmonary artery. This clot was about three or more inches long, and its end divided as though it had extended into the right and left pulmonary arteries. Unfortunately it was cut off in taking the heart out, so it was not ascertained how much longer the clot may have been. The pulmonary valves were natural. The left auricle was studded with yellow patches, and in the septum (as in the right heart, and probably the same mass) there was a large, yellow, irregular, knotted-looking tumor lying in the auriculo-ventricular opening, and even larger than that seen in the tricuspid opening. The muscular tissue was pale and soft. The edges of the mitral valves were thickened, and there was a large knob lying under one of the cusps. The aorta was thickened and almost sacculated, so irregular was its shape, and covered with a yellowish-looking deposit. The aortic valves showed slight yellowish patches, but were not materially thickened; the noduli Arantii were large, particularly one of them. There were large nodes under two of the leaflets of the valve, one of them being the size of a large bean, but they did not appear to have interfered with its action. The chordæ tendineæ and columnæ carneæ of the mitral valve were enlarged and thickened. The liver was enlarged, congested and thickened; weighed four pounds three ounces. The spleen slightly enlarged and hardened. The kidneys enlarged, very red, congested and fatty. The capsule peeled off with some slight difficulty, and the surface underneath was mottled with stellate veins and small white spots; weight of the two together fourteen and a half ounces.

On examination with the microscope the heart clot showed no cellular element, and appeared to be a gumma of ante-mortem formation.

Dr. Alfred Stillé read an obituary memoir of the late Dr. Isaac Hays.

Editorial Department.

Periscope.

Penetrating Wound of the Knee Joint.

The *Medical Press and Circular*, January 28th, 1880, contains a report by Mr. John Sutcliffe, M.R.C.S., House Surgeon in the Royal Infirmary, Manchester, of the following two cases:—

James M., aged twenty-four, a strong, healthy-looking young man, was admitted into this hospital September 11th, 1879, having sustained an injury to his knee by a bar of iron falling upon it. On examination, it was found that he had a compound fracture of the left patella. The bone was broken transversely across its middle; the external wound was two inches and a half long, the outer end being a little to the inner side of the middle line. There was escape of synovial fluid. The finger could be passed between the fragments of the patella into the interior of the joint. Under the spray the joint was syringed out with a solution of carbolic acid, one in twenty, and dressed according to Lister's method. The limb was put up in a back splint, with a foot piece and two side splints. No sutures were applied, nor was any drainage used. An ice bag was placed over the dressings and kept there for fifteen days. The wound was dressed next day, and every alternate day afterward, until October 5th, from which date it was considered to be only necessary to dress it twice in each week. The temperature during the first week, on two occasions, in the evenings, reached 100.4° Fahr., after which it fell to and remained about normal.

On October 17th the wound was completely healed. A starch bandage was applied, and he was sent to the Convalescent Hospital, at Cheadle, on November 8th.

He returned to the Hospital on December 16th, "to show himself," when the patella was found to be firmly united and the knee joint pretty freely movable. He was ordered to wear a back splint. During the progress of the case the organization of the blood clot was beautifully seen. There was a slight discharge of sero-sanguineous fluid, but no pus.

John M., aged 40, a joiner, came to the accident room at the Hospital, on Sept. 12th, at 6 P.M., having accidentally wounded his knee with the sharp point of an axe. On examination, the wound was found to be about one inch in length, and situated above and somewhat to the inner side of the right patella. There was escape of synovia, and the finger could be passed above the upper margin of the patella into the knee joint. He refused to be made an in-patient, so the wound was dressed with glycerine and carbolic acid, and he was taken home.

At 10 P.M. he returned, desiring to be admitted.

Shortly afterward the joint was syringed out with the carbolic solution, one in twenty, under the spray; the mode of dressing was Lister's, and the whole limb was put up in a back splint, with foot piece and two side splints. An ice bag was kept over the knee until the 26th.

Until the 30th the wound was dressed every other day, but afterward only twice in each week. The temperature gradually rose to 101.4° Fahr., on the evening of the 15th, after which it fell to slightly below normal, about which point it remained.

On October 14th the wound was perfectly healed, and on the 21st he was discharged, with all the movements of the joint as perfect as they were before the accident.

The Treatment of Transverse Fracture of the Patella.

The *Lancet*, November 29, 1879, says—

The discussion on the propriety of cutting down upon and wiring together the fragments in cases of transverse fracture of the patella, which was carried on at the Medical Society on the 17th inst., was of great interest and importance, and demands the careful consideration of surgeons. The cases brought before the Society were of two distinct kinds; in one class, a badly-united fracture having rendered the limb entirely or nearly useless, the operation was performed with the view of restoring the lost function, and with success. All the speakers concurred in their approval of this step. But with these cases others were reported in which the same operation had been performed for recent fractures, in which, so far as was stated, no other plan of treatment had been tried, and in which the ultimate result was a matter for hope, or, at any rate, only of doubt. On the advisability of this step, issue was taken. Mr. Lister advocated the operation as the only treatment holding out a certain prospect of a good result in all cases, but insisted that it should only be undertaken by surgeons who were morally certain that no decomposition would follow the operation. He urged that, if he could abolish risk, it was the surgeon's duty to treat recent cases in the same way as had proved successful in the treatment of old cases with a useless limb; while, if all risk was not abolished, it was as wrong to do it in the one case as the other. The facts are these: By some of the well-known methods of treatment a very few cases of bony union have been obtained; in many instances, close fibrous union, leaving the limb little if at all impaired, has resulted from their employment; while, when the fragments are even widely separated, the limb may be as useful as before, as in the cases related by Mr. Bryant. A surgeon may therefore always hope, by comparatively mild measures, to obtain a good result, and we believe this will be more frequently obtained if greater attention is given to relieving the distention of the synovial sac, which was long since shown to be a great factor in the separation of the fragments. Under these circumstances it appears to us to be opposed to the sound principles of surgery to practice what must be a serious operation, to accomplish that which has often been achieved by safe methods of treatment. It is of great importance for surgeons to weigh carefully Mr. Lister's words. He teaches that operations can by antiseptic surgery be made absolutely safe; that no one is justified in operating who cannot previously assure himself that he will preclude the possibility of decomposition occurring in the wound—for what is true of this operation is of course true of all; and this being so, other methods of treatment, which are commonly called milder methods, if liable to fail or give imperfect results, are not to be employed, but are to be in all cases superseded by the certain, the absolutely safe, antiseptic operation. Applying Mr. Lister's argument to the case of aneurisms, he would never pause to attempt the cure of an aneurism by the method of compression, but would at once apply a ligature; and the practical outcome of the antiseptic treatment will be that surgical therapeutics will consist almost exclusively of operations. But can a surgeon have that confidence in his own infallibility that Mr. Lister presupposes? We think not.

The Treatment of Arsenical Poisoning by Subcarbonate of Iron.

Charles A. Leale, M.D., of New York, in the *American Journal of the Medical Sciences*, Jan. 1880, gives an account of four cases of poisoning by arsenic, successfully treated with large doses of common iron rust. He was led to adopt this plan of treatment from an inability to procure the ferri oxidum hydratum. He recommends the following procedure:—

1st. Quickly remove as much as possible of the poison from the stomach, by means of some non-irritating liquid, viz: raw eggs with water, oat-meal water, etc., insisting on the emetic effect being rapidly produced, and if necessary, use the stomach pump.

2d. As an antidote give two ounces of the powdered subcarbonate of iron, or common iron rust in fine powder, mixed with sufficient water to allow it to come in contact with the entire mucous membrane of the stomach, thereby to have the iron either absorb or surround by its mechanical affinity all traces of the arsenic. In three or four hours, give a free dose of castor oil, which will prevent impaction of the iron in the intestinal canal. Apply artificial heat by means of hot fomentations to the abdomen, and by friction promote capillary circulation. Relieve the pain by morphia. Avoid all irritating foods, and give emollient drinks until recovery follows, which, by prompt, efficient action, will, in the majority of cases, ensue.

Experimental Study on the Treatment of Hepatic Colic.

M. Laborde, in *Gaz. des Hôpitaux*, September 16, 1879, sums up the results which have been obtained from physiological experiments in regard to hepatic colic. 1. The excretory bile canals are endowed with a power of contraction: they are consequently able to contract spasmodically on the application of a stimulus, whether this be applied directly or indirectly. The contractility resembles that of unstriped muscular fibre, and the existence of such fibres in the walls of the canals is clearly shown by histology, and is in perfect harmony with the results obtained from experiment. 2. The mucous membrane of these channels is exceedingly sensitive, and this occasionally manifests itself under the

influence of more or less intense stimuli, by painful symptoms, and by reflex phenomena, shown directly by spasms of the channels themselves. 3. The phenomena are particularly induced by the presence and contact of foreign bodies, such as biliary calculi, whose spontaneous migration is thus rendered more difficult. These changes of place, when they occur, are only accomplished after a longer or shorter period, and they possess the peculiarity that the foreign bodies are always carried toward and finally into the gall-bladder. 4. Anæsthetic and anti-spasmodic medicines are best adapted for the treatment of this morbid state, of which the mechanical conditions can readily be realized by experiment. 5. These remedies, more especially morphia, chloroform, and hydrate of chloral, act by exercising at one and the same time an anæsthetic and paralyzing influence, which produces a relaxation of the spasmodic contraction, a distribution of the spasmodic canals, and an accumulation of the bile, which acts upon the foreign body by means of a *vis a tergo*, and forces it onward toward the intestines. 6. The combination of morphia with hydrate of chloral or with chloroform, *i.e.* the simultaneous administration of these remedies, is the most effectual way of obtaining the required results, which are the insensibility of the biliary canals, the prevention of pain, and the favorable influence upon the migration and rapid extrusion of the extraneous substances.

Enlarged Clitoris, with Rudimentary Vagina.

The Cincinnati *Medical News* for March, 1880, contains the following report of a case simulating hermaphrodism, by Dr. Carson—

Some time ago a woman with a well-developed child, about five years of age, came to me and said there was something the matter with the child's vagina. Upon examination I found a clitoris about one inch in length, and upon each side a large prominence which I thought might be testes, but which, upon examination, proved to be nothing other than a prominence caused by an excessive supply of adipose tissue. Raising the clitoris I found it hung between the thighs, covering a small opening about the size of the head of a large pin. I could pass a probe about an inch downward, and by curving the probe, it entered a distance of about one and a half or two inches downward and backward, showing a rudimentary vagina to be present.

The mother asked my advice with regard to an operation. Of course, I advised against it. She wished to know if the child was a hermaphrodite. I told her it was what is usually termed a hermaphrodite, but there was nothing more than an excessive development of the clitoris. The prominences on each side of the clitoris were very marked, and looked as if they might contain testes, but were nothing more than adipose tissue. The opening extended from that small opening, which was no larger than the head of a pin, to the anus. There was a little opening at the end of the clitoris, which appeared to be very much like an opening into the urethra, but in attempting to pass the probe, I found it was merely a blind sac. There were also folds of skin which seemed to give it the appearance of the penis exposed. On the whole, it presented very much the appearance of a penis. On examination I found the opening into the bladder back behind the clitoris, in the natural site, may be a little further advanced.

Therapeutic and Hygienic Management of Consumptives.

James T. Hibberd, M.D., of Richmond, Ind., in a paper on the above subject, which appeared in the St. Louis *Medical and Surgical Journal*, February 5th, 1880 sums up his conclusions as follows:—

1st. Consumption is a self-limited disease; and

2d. It should, therefore, be managed through its stages as is done with other disorders of its class.

3d. Statistics point to the conclusion that rather more than 11 per cent. of consumptives will recover if left to nature entirely.

4th. Clinical study leads to the inference that judicious treatment may increase this percentage of recovery.

5th. A survey of the popular professional methods of management raises the presumption that they are far from the best.

6th. Consumption has no specifics and demands but little medicine, the only drugs required for their essential and direct action being the alkaloids of cinchona and opium, and perhaps iron.

7th. Recognizing the real nature of consumption, the profession should set their faces firmly against the multitudinous remedies prescribed in many text-books, and positively repudiate the numerous nostrums now so industriously forced on the attention of practitioners by manufacturing chemists and other mercenary persons.

8th. Rational simplicity in therapeutics is desirable in all diseases; it is a scientific and a humane necessity in consumption.

Local Anæsthesia in Endo-laryngeal Operations.

The London *Medical Record* informs us that Zawerthal's experiments upon dogs, to obtain a local anæsthesia of the larynx, either by inhalation or by direct application of chloroform, ether, morphia, hyoscyamine, hemlock, etc., have led him to the following conclusions: 1. It is very seldom that complete local anæsthesia can be obtained. 2. The attempts made at producing it are attended by great risks of grave constitutional effects or serious local inflammation. 3. These dangers and complications differ according to the substances employed; very great danger of poisoning if solution of morphia; of laryngitis, if choloroform. The author has not met with better success in practice. He has been able to obtain an imperfect degree of anæsthesia only in twenty-seven out of forty-seven cases, and complete anæsthesia in five. In fifteen cases he was obliged to abandon his attempts to produce it. The cases in which such attempts have best succeeded are those of division of cicatricial bands.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint on the anatomical relations of uterine structures, Dr. T. H. Buckler, of Baltimore, speaks of strangulated veins of the uterus, and the importance of restoring their circulation and function, to prevent engorgement and morbid nutrition.

——Dr. Edward Borck, of St. Louis, read the report on the progress of surgery to the Missouri State Medical Association, at its last meeting. The Report now appears as a neat pamphlet of 10 pp.

——In a reprint on the therapeutic action of quinine, Dr. J. W. Compton, of Indiana, maintains that in pregnant cases the danger is much greater from the disease than from any possible oxytocic effects of this antiperiodic.

——Two late papers by Dr. L. Duncan Bulkley, of New York city, deserve the attention of dermatologists. One is on the nomenclature and classification of skin diseases; the second is on the use of water in their treatment.

——Dr. Laurence Turnbull is the author of an instructive paper on the mastoid region and its diseases, reprinted from the St. Louis *Medical and Surgical Journal*. He discusses its anatomy, pathology and most frequent affections, and adds a number of illustrative cases, with remarks on treatment.

BOOK NOTICES.

The Hair: Its Growth, Care, Diseases and Treatment. By C. Henri Leonard, M.A., M.D. Illustrated. Detroit, 1880. Cloth, 12mo, pp. 319.

This work is divided into twenty-eight chapters, the first five of which are devoted to the chemistry, anatomy and physiology of the hair. Some interesting facts concerning its strength and elasticity are related—thus. we are informed that a single hair of a dark brown color held suspended over four and one-quarter ounces without breaking, and the author estimates that a single head of hair of average growth and luxuriousness, in any audience of two hundred people, will hold supported that entire audience, and yet have a large quantity of supporting power to spare. Its extensibility equals, on the average, nearly one-third its normal length. In chapter vi, the color of the hair is discussed in its relation to race, temperament, hygiene and sociology. It may be interesting to some to know that blondes stand, in the matrimonial market, three chances of failure to complete a life contract, to two chances of failure on the part of their darker-haired sisters. Next come chapters on the growth of hair in singular places, hygienic treatment of the hair, excessive hair growth, turning gray of the hair, discoloring of the hair, baldness, and dyeing the hair. Twelve chapters are then devoted to diseases of the hair and scalp and their treatment. Descriptions are then given of the different modes of dressing the hair, and of the hair of the ancient Assyrians, Egyptians, and the Incas, the last chapter being devoted exclusively to the beard. The numerous illustrations are well executed and add considerably to the value of the book, which contains a large amount of useful information that will be read with interest both by the profession and the laity.

Montreal General Hospital Reports, Clinical and Pathological, by the Medical Staff. Edited by William Osler, M.D., M.R.C.P. Montreal, Dawson Brothers, publishers, 1880. Vol. I, pp. 369.

The Montreal General Hospital has accommodation for 170 patients, and about 1600 in-patients and 15,000 out-patients are treated in the course of the year. The work contains a number of interesting articles, among which we notice: Cases of Leucocythemia (with charts), by Dr. R. P. Howard; Anatomical Abnormalities, by Dr. Francis J. Shepherd; Fifteen Cases of Tumor of Breast, Removed Antiseptically, by Dr. T. J. Roddick; on the Use of Eserine in Ophthalmic Practice, by Dr. Frank Buller; Cases of Cardiac Abnormalities, by Dr. William Osler, etc. Dr. Roddick, in his remarks on Lister's antiseptic method, says that for many years the hospital staff had been almost in despair over their surgical cases. It was exceptional to save an amputation, and even breast and tumor excisions were frequently followed by fatal results; blood poisoning was an every day occurrence. Since the employment of Lister's method they have a record of sixty-four major operations, with two deaths, and he says that "there is no hospital the surgeons of which could have stronger convictions in favor of the antiseptic system than those attached to the Montreal General Hospital." The book contains several illustrations and statistical tables.

THE

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THE BOGUS DIPLOMA SWINDLE IN PHILADELPHIA.

As at certain recurrent periods the vermin which infest even the best kept houses enliven and increase to such an extent that a prompt recourse to the brush and the broom is demanded, so do the social vermin, the parasites and leeches which cling to every profession, put themselves forward from time to time with such increasing effrontery that they force the advocates of decency and right to repress them with a strong hand.

Such a time has come with the quacks and charlatans whose business it is to manufacture other quacks and charlatans in this city. The continued existence in Philadelphia of three or four pretended medical institutions, whose real business is the sale of diplomas and academic titles, is a disgrace to the city, a blot on the commonwealth, and a stain on the repute of even the best institutions here. Of late these bogus diploma shops have been uncommonly active. We have ourselves received quite a number of letters from this country and England about them; and last week our Mayor, Mr. WM. S. STOKLEY, received a letter from General JOHN EATON, United States Commissioner of Education at Washington, calling his attention to an enclosed letter from ANDREW D. WHITE, United States Minister to Berlin, relative to the sale of bogus medical diplomas in Germany, issued by alleged colleges and universities in this city. General EATON also requested the coöperation of the Mayor in discovering the reputation of "The American University of Philadelphia and Eclectic Medical College of Pennsylvania, JOHN BUCHANAN, M.D., President;" also of "The Philadelphia University of Medicine and Surgery, T. B. MILLER, M.D., (late) Dean," and of "The Penn Medical University or College."

The letter of Minister WHITE states several instances of diploma vending in Germany by these institutions. For example, a Mr. PAPPENHEIM brought Minister WHITE a diploma, engrossed on parchment, in very handsome style, and issued nominally by the "American University at Philadelphia," conferring the degree of Doctor of Medicine upon one Christopher Schuetz, living at Leipzig. It would appear that the diploma was offered to Schuetz, upon the condition that he would pay a sum of money for it. It bears the signature of a number of persons claiming to be professors in the aforesaid university, at the head being the signature of "JOHN BUCHANAN, M.D." Schuetz desired the legation to give him a declaration of its genuineness, which was, of course, refused. To one of these diplomas was attached a notarial certificate from PHILIP A. CREGAR, stating that "The American University of Philadelphia is an institution in good standing." Mr. CREGAR, on being interviewed, said that this certificate was made by him, and in good faith, because BUCHANAN offered to swear to the "genuineness" of the diplomas, and because the Board of Revision of Taxes had exempted BUCHANAN'S college from taxation as an educational institution.

The history of two of these institutions is briefly as follows:—

The "American University of Philsdelphia"

and the "Philadelphia University of Surgery and Medicine" were charged before the Legislature, so far back as 1871, with selling diplomas, and acts were passed repealing both charters. "The American University" appealed to the Supreme Court, and the legislative enactment against the concern was set aside, on the ground of unconstitutionality. By a joint resolution of the Legislature, adopted February 13th, 1879, the Attorney General was requested to institute proceedings against these concerns, on account of abuse of their franchises. Both institutions have been time and again charged with disreputable practices. Rev. T. B. Miller's "diploma mill," the "Philadelphia University," was investigated a fortnight ago by the Methodist Conference, and that body found the reverend dean guilty of frauds in the issuance of diplomas, and expelled him from their number. Rev. Miller, it was proven, had made professors for his concern out of students who had been in attendance for very short periods. Both these "universities" have scandalous careers, and have time and again been the subject of newspaper articles.

The newspapers, and *The Press* especially, which ten years ago led off in the effort which has ever since been making to drive Buchanan and his imitators out of the city and destroy their business, have done their duty in the matter, and if the police and the prosecuting officers who have had the dean of the American University in their clutches several times, only to let him go again, would display an equally unrelenting vigor, Minister White and the other diplomatic and consular representatives of the country abroad, who are constantly annoyed by having the Philadelphia traffic in diplomas brought to their attention, would soon have no cause for complaint.

But the fact is, as has been overtly stated in the public papers, and as we have been personally informed by one of the "faculty" of Buchanan's institution, that influences, personal and political, have hitherto prevented the proper authorities from acting efficiently in the suppression of this crime. Another reason for their continuance is in the apparent indifference of the regular medical profession to the existence of these foul growths in their midst. Has the Philadelphia County Medical Society taken any active steps in the matter? We are ashamed to be obliged to answer, No. Have the Trustees or Faculties of the Jefferson or the University of Pennsylvania made any real effort for their suppression? Again the answer is, No.

We can hardly blame the neglect to prosecute these charges on the part of the secular authorities, when the medical bodies most interested stand in a position of apparent indifference.

If the inquiry is put, why such measures have not been urged by the corporate bodies referred to, the only reason we know of is that they have been afraid of the expense; "the clinking of the guinea helps the hurt that honor feels."

Meanwhile, the farce of these "schools" has been unblushingly carried on. Before us lies the announcement of the "Thirtieth Annual Commencement of the Eclectic Medical College of Pennsylvania," which took place March 25th, 1880. "Charge to the Graduates," by Prof. Shultz, M.D.; Valedictory by Prof. Sibley, D.C.L., etc., not omitting music, prayer, benediction, and awarding prizes to meritorious students. The list of these alleged students gives 58 names, and two names are given on whom "honorary" degrees of LL.D. were conferred.

But the rumor goes that this is to be the last Commencement of the "Eclectic." Not that any sense of shame has penetrated the hides of these alleged professors; but they think the time is ripe for a bolder and more sweeping swindle on the profession and public. The whole faculty, from the head centre, Buchanan, down to the janitor, are about to be converted from Eclecticism to "Allopathy," whatever that is. In other words, the concern is to be run in upon the public as a perfectly "regular" institution, and an effort made to gain some sort of recognition from the regular profession. It is whispered that overtures have been tendered to several regular physicians of some standing, in this city and elsewhere, to act as sponsors in this comedy of regeneration.

There is some plausibility in the arguments used. The charters of the Eclectic and Ameri-

can grant wide privileges, wider than could now be obtained from the Legislature, probably.

These charters have been substantiated by the Supreme Court; and if the suits now pending were compromised or withdrawn, and a reformation in the whole faculty carried out, a material difficulty which stands in the way of establishing a third regular medical school in this city would be removed.

We have the best of authority for saying that direct negotiations for the transfer of the charter and franchises of the institution have been made. That any will be found to buy them we hope will prove impossible. The proper and the only course is for the legal authorities of this city to pursue with unrelenting vigor every responsible party in any way connected with this swindling bogus diploma business, until they feel the full measure of the law's vengeance, and then to have all the charters forever annulled.

Notes and Comments.

Therapeutical Notes.

REMEDY FOR NIGHT SWEATS.

T. H. Currie, M.D., of Lebanon, N. H., writes to the *Michigan Medical News*, January 26th, 1880—

For over thirty years I have used the following prescription, without a single failure, in sweats, from whatever cause. In one case a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery, and was drenched with perspiration for a number of days and his life despaired of. When I saw him I ordered him to be bathed immediately, and repeat once in two hours. The third application stopped all perspiration, and convalescence commenced at once: —

℞. Alcohol, Oj
Sulphate of quinine, ℥j. M.

Wet a small sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draft of air in doing it.

REMEDY FOR ROUND WORMS.

We find the following in the *Practitioner*, January, 1880:—

Reduce 30 to 50 grams (℥j–℥j, ℥vss) of the sem. cucurb. pepo to a fine powder, and make it into an emulsion with 300 to 500 c.cm. (℥v–℥viij) of water. Order a fourth part to be taken at night. On the following morning administer five pills of the extract punic. granat. If necessary repeat this treatment for five successive days. In the intervals the rest of the emulsion may be taken.

CHLORIDE OF POTASSIUM IN WHOOPING COUGH.

Jacques Munk, in *Pester Med.-Chir. Presse*, No. 6, 1880, reports favorably on the use of chloride of potassium in from one-half to two-grain doses, given with one-sixth of a drop of laudanum, every two hours.

Leucocytosis of Pregnancy.

The *Lancet* informs us that at the meeting of the Cambridge Medical Society, February the 6th, Dr. Ingle read notes of a case of leucocytosis of pregnancy, with severe anæmic symptoms, which, from the absence of any obvious cause for the anæmia, might have been set down as an example of the idiopathic form of the disease. The patient, aged thirty-three, and near her confinement, showed extreme pallor and weakness; after a natural labor, with very small loss of blood, the symptoms continued, with the addition of fainting fits. The patient had been in a similar state of health before her last confinement, and had been well in the interval. She recovered under treatment with iron. Dr. Bradbury, who had been called in to see the case, had examined the blood, and had found that it did not contain any of the abnormally large or abnormally small or otherwise malformed red corpuscles that were characteristic of pernicious anæmia. On the other hand, the colorless corpuscles were in great excess, being in the proportion of about 50 to 1000 red. The patient had probably been suffering to an excessive degree from the leucocytosis of pregnancy.

The Diagnosis of Insanity.

In a paper on insanity, read before the Medico-legal Society of New York, Dr. George M. Beard has some valuable remarks on the diagnosis of the disease. He observed that there is a factor in insanity which is not physical, but psychical—the factor of serious disturbance of mental coördination—which must be taken into consideration in defining insanity, and which, although dependent upon brain disease, was accepted as the most important factor in determining the question of criminal responsibility. Accepting this factor as an integral part of the definition, he would formulate the result in these terms: "Insanity is a disease of the brain in which mental coördination is seriously impaired." He would insist upon the phrase "seriously im-

paired," because there were many instances in which brain disease produced eccentricity, transient or partial disturbance of cerebral function, or even delusive sensations, without amounting to insanity or rendering the victim *non compos mentis*. There was, indeed, no distinct boundary that could be specified as the limit of sanity and the beginning of insanity, nor was there any symptom or set of symptoms that could be held as conclusive *indicia*, the degree of mental incoordination being a matter of testimony and of experience, to be settled in each case without recourse to general terms.

Yellow Fever as a Ship Disease.

Dr. R. B. S. Hargis, of Pensacola, has written an open letter to Dr. J. C. Le Hardy, of Savannah, in which he says—

I have worked, throughout the entire period of my professional career, at the history and pathology of yellow fever, and it will be my earnest endeavor to afford such proofs to the medical profession, on the ship origin of this plague in the tropical Atlantic as must, in my opinion, prove convincing. But I have no sympathy with clogging the wheels of sanitary legislation for any personal ends or motives of self-aggrandizement.

The National Board of Health has been unfortunate in favoring the view that yellow fever is epidemic in Cuba. The report of the Havana Commission must, before another decade is past, meet, as it deserves, with the strongest condemnation. Such is my opinion on this one point. It is difficult enough to get the Spanish Government to do its duty toward this country, by purifying the Pearl of the Antilles, and how can we hope for their energetic action when an American physician, clothed with all the prestige of authority, assures the world that yellow fever in Havana is inevitable?

Poisonous Trees and Shrubs.

In parks and pleasure grounds it is quite common to find poisonous plants which are dangerous to health and life. At a recent meeting of the Board of Health of this city, the Medical Inspector presented a report in regard to certain trees in Fairmount Park, which he declared were poisonous and should be removed.

Referring to these trees he said: "They are chiefly confined to two species of the *rhus*, the *toxicodendron*, or poisonous oak, and the *venenata*, or swampy sumach. In both of these plants the poisonous principle is very volatile during the time of active growth, and is given off from the green leaves and shoots into the atmosphere in sufficient intensity to poison those susceptible to its influence who come within the radius of the tainted air, while there are but few persons not obnoxious to its poisonous effects from contact.

"The period of greatest activity in the development of these noxious principles from these plants occurs at that season of the year when the park is most frequented. They also yield a berry which children have frequently eaten with fatal results. There is no difficulty in removing these plants.

The Relation of Consanguineous Marriages to Deaf-Mutism.

Dr. P. L. Panum, of Copenhagen, refers, in *Nordiskt Medicinskt Arkiv.*, vol. xi, No. 4, 1879, to a thesis based upon observations made by the author, Dr. Johannes Mygge, with a view to ascertain to what extent, if any, marriages between near blood relations (cousins, second cousins, uncles and nieces, aunts and nephews) influence the health of the offspring, especially with regard to their being productive of children with defective hearing and deaf mutes.

Dr. Mygge first analyzed the family history of 2032 marriages, with the following results:

	Consanguineous Marriages. per cent.	Crossed Marriages. per cent.
Number of children per marriage	3.47	3.54
Number of children with defective hearing, or deaf mutes	1.15	.34
Idiots	2.02	.64
Other defects	10.09	2.06
Died early in life	20.46	17.00

He then analyzed the family history of 1089 marriages, which gave somewhat similar results:—

	Consanguineous Marriages. per cent.	Crossed Marriages. per cent.
Number of children per marriage	3.77	3.65
Number of children with defective hearing	.47	.29
Number of children with mental defects	6.64	.78
Scrofulous and otherwise defective	10.90	3.44
Cripples	.47	.32
Died under ten years	20.85	13.45

Of the 3121 marriages analyzed 4.92 per cent. were consanguineous. Leaving out three parishes where marriages between blood relations are common—amounting in one, on Anholt, to fifty per cent.—the author thinks that the percentage for Denmark is between three and four. About

.06 per cent. of the entire population of Denmark are deaf mutes. Of 477 deaf mutes whose family history he was able to trace 8.52 per cent. were the product of consanguineous marriages. The probability of getting deaf-mute children seems thus to be twice as great in marriages of blood relations as in crossed marriages; and this, the author says, corresponds with the results obtained abroad.

Dr. Panum is of the opinion that consanguineous marriages, per se, do not injuriously influence the offspring, but do so by intensifying family defects existing in both parties.

Inhalations of Benzoate of Sodium, or of Salicylic Acid with Borax, in tha Treatment of Pulmonary Tuberculosis.

Dr. D. Müller, a chemist in Berlin, says, in a communication to *Allgem. Med. Central-Zeitung*, February 8. 1880, that he suggested this method of treatment as early as 1876, and that, assisted by his friend, Dr. P. Sachse, he employed it successfully in a case of phthisis, that of a young teacher who had been obliged to give up his position in November 1876. In December he began to inhale, and in May, 1877, he was perfectly cured and resumed his former occupation. Dr. Müller explains the modus operandi of the inhalations as follows: In pulmonary phthisis a portion of the lung tissue is in a state of decomposition, or of alkaline fermentation, which prevents the formation of new cells while rapidly destroying the old ones. Although the nature of this fermentation process is not as yet perfectly understood, it is well known that in the treatment of open wounds, where a similar process is going on, this can be checked by the use of antiseptics, and it follows logically that inhalations of some antiseptic must also produce an inhibitory effect on the fermentation process going on in the lung. Dr. Müller is of the opinion that it is indifferent whether benzoate of sodium or salicylic acid with borax be employed, the effects of both being antiseptic, but he prefers the latter, as being most effective and perfectly safe. Dr. Sachse reports ten cases treated by this method; of these seven were either cured or materially improved, in one there was no improvement, and two died. Several patients who are under his care at present have been inhaling too short a time to enable him to pronounce upon the results. The sittings last from five to ten minutes, twice daily, the solution made use of being of the following strength: Salicylic acid 2.5 parts, borax 2 parts, boiling water 100 to 150 parts. The borax renders the acid very soluble in water. Dr. G. Fronmüller, Sr., states that he has employed the benzoate of sodium inhalations in a number of cases. In some of these there was at first a decided improvement, but this was only temporary, and the inhalations had in most cases to be discontinued on account of dyspnœa. He thinks, however, that in a limited number of cases the inhalations may have a palliative effect.

The Hypodermic Use of Morphia.

A western journal has criticised in a very vehement manner the statement of Dr. Barr, in the REPORTER (November, 1879), that half a grain of morphia is not an excessive hypodermic dose for an adult in cases of severe pain. The critic, like many others of the class, did not read the article in question sufficiently closely to understand it. The writer was not attempting to teach the minimum dose, nor the usual dose under ordinary circumstances, nor the precautions supposed to be known to every tyro, but the great value of a bold and decided dose in pain of exceptional severity. That small quantities of this and most other medicines have, in certain idiosyncrasies, led to serious results, is true; but he would be a weak therapeutist who would let such events intimidate him from giving relief with a decided hand. We have rarely noted the weakness of a certain kind of criticism more conspicuously shown.

Popular Medical Literature.

Some old fogies in this country still oppose popular medical instruction; but even in Russia such obscurantism is giving way. The Board of Health of St. Petersburg has just offered 300 roubles as a prize for the best essay on a subject of hygiene, to be written in the Russian language and popular style, for use in village schools and among the common people. This is a long step in the right direction, and worthy of imitation by various nations who speak depreciatingly of Russian civilization.

Treatment of Intestinal Catarrh in Children.

We learn from *Allgemein Med. Central-Zeitung*, February 11th, 1880, that Dr. Demme, in the sixteenth annual report of the hospital for children at Berne, points out that in severe forms of intestinal catarrh in children who have been deprived of the mother's milk too early, and fed artificially, it is not always sufficient to put them to the breast again. In such cases alcohol, especially pure cognac, must be given in combina-

tion with creasote, opium or benzoate of sodium. The following is his prescription:—

R.	Cognac,	gram 2.5	(38 minims)
	Creasote,	gram 0.01	(about ⅛ grain)
	Pulv. gummosi,	gram 1.5	(23 grains)
	Aqu. dest.	gram 50	(about ℥ 13)

To be given during the twenty-four hours between the giving of nourishment.

For children a few weeks old the quantity of alcohol may be increased to from 3 to 5 grams (46 to 77 minims) daily. It is the analeptic and antiseptic effect that is wanted.

Blood Casts of Bronchi.

The *Lancet* informs us that at the meeting of the Pathological Society of London, held February 17th, Dr. S. West showed some blood casts from the bronchi of a man, aged forty-three, who is still alive. The patient complained of dyspnœa and cough, and there were found slight induration and softening of the apex of the left lung. After two months there was profuse hæmoptysis, which recurred two months later, and shortly afterward he had great dyspnœa and expectorated the casts exhibited. He recovered, and has been free from hæmoptysis for six months. The clots are real blood clots, and not stained croupous clots. They are very rare, no case being recorded in the Society's Transactions, and their occurrence being denied by Dr. Peacock; they have generally been the precursor of fatal hæmoptysis.

Injection of Corrosive Sublimate in Syphilis.

The *Medical Press and Circular*, February 4th, 1880, gives the following formula, as recommended by M. Sterne, of Breslau:

R.	Bichlor. mercury,	.25 grams	(gr. iv.)
	Chlor. sodium, pure,	2.05 "	(℥ ss)
	Distilled water,	50 about	(℥ j, ℥ v).

One cubic centimetre (about 15 minims) to be injected daily.

This method causes the syphilitic symptoms to disappear in a relatively short time; it necessitates the employment of only small quantities of mercury; it does not produce local inflammation; the general condition is in no way troubled by it; the stomatitis is insignificant; it is easier and better than inunction.

Human Filariæ.

In the *Lancet*, March 6th, 1880, we are told that the new investigations of Dr. Manson, communicated to the Quekett Club, appear to afford positive proof of a singular habit on the part of the filariæ. These microscopic worms periodically pass in and out of the circulation. Dr. Manson gives a table showing the hours of the day and night at which they are either present or absent in the blood. The worms are remarkably punctual in keeping to their appointed times. The evening inrush to the circulation commences about half-past seven, the overcrowding attaining its maximum at midnight.

Correspondence.

The Operation of Ovariotomy.

Ed. Med. and Surg. Reporter:—

I have a suggestion in regard to the operation of ovariotomy, which I propose to submit for the consideration of the profession, if you deem it worthy of a place in the Reporter. My suggestion is that, in the operation of ovariotomy, the tumor be enucleated in all cases in which there are any reasons to suspect adhesions or a short pedicle; in fact, I am inclined to think that, by the aid of additional knowledge and experience, it will, ere long, become the orthodox way of doing it. By this method the possible adhesions between the peritoneal covering of the tumor and other parts contained within the abdominal cavity will be "flanked." The peritoneal covering of the tumor, with all its adhesions to the adjacent parts, is left intact, with the exception of the small incision in it through which the tumor is extracted. By this method the extensive wounding of the peritoneum, caused by the breaking up of the adhesions, the difficulty and danger of their breaking up, and the subsequent difficulty of controlling the possible hemorrhage from those parts, will all be avoided. It may be objected that the enucleation of the tumor will cause a greater wounding of the peritoneum, and be followed by a greater amount of hemorrhage, which will be more difficult to control. My answer to this is, that while the adhesions are more extensive, they are not so *firm*, and the hemorrhage will not be great, if any, and will be easy to control, because it will be mainly, if not entirely, capillary; besides, I think the danger from inflammation from wounds on this side of the peritoneum will be much less than from wounds on the other side. I am aware that Dr. Miner, of Buffalo, N. Y., has written quite extensively on this subject, but I do not understand him to advocate the stripping off, *entire*, of the peritoneal covering of the ovarian tumor, but simply the enucleation of such parts of it as are either strongly adherent to adjacent parts or necessary to lengthen the pedicle, so as to enable the operator to bring it out and secure it at the lower end of the abdominal incisions.

This suggestion may not be new to the profession, but it is original, so far as I am concerned. The idea occurred to my mind after having witnessed a very blundering operation of ovariotomy, in which the operator made an incision through the peritoneal covering of the tumor, and had

partly separated it from the tumor, making it necessary to complete the operation by enucleation, before he, the operator, had developed his manifest inability, through ignorance of the anatomy of the parts involved in the operation, through lack of previous preparation of instruments, sponges, etc., through lack of knowledge how to proceed with the operation, and lastly, through having "primed" himself with too much brandy, to complete the operation, and it had to be finished in the main by those who had been invited to assist and as spectators. I do not think the operator was aware of the fact that he had made his incision through the capsule of the tumor, as he afterward talked of the shortness of the pedicle and the "extensive adhesions." If he had known what he had begun to do he would have known how to account for these "extensive adhesions" and the shortness of the pedicle. That he was ignorant of the pathology of the disease is evidenced by a remark he made, that "he had examined the tumor carefully but could not find the ovary;" by this remark he showed his ignorance of the fact that the diseased ovary is the tumor *itself*. This doctor had assisted at one such operation before, but this was his first attempt upon his own responsibility. My experience in this case will henceforth cause me to be very careful how I give my presence on such occasions. H. Nye, M.D.

Enon Valley, Pa. March 23d, 1880.

P. S.—The lady, a married woman, aged 33 years, mother of one girl, 13 years old, wife of a coal miner, in straightened circumstances, I learn, is rapidly recovering. H. N.

The Tobacco Habit.

Ed. Med. and Surg. Reporter:—

As I wish a little professional advice myself about this vile habit, or rather, its effects, I will prepay, by telling Dr. B. L. L. a sure antidote for the craving after tobacco. It is a fungoid growth on pine trees, known among the voyagers and lumbermen of Canada and the Northern Lake region as "pine apple." Trappers and lumbermen often smoke and chew it when tobacco is not to be had; and considering the number who claim to be anxious to quit the habit, it is strange that so few know of it, for, like the chronic wit in the yearly almanacs, it has been floating about in print for a quarter of a century or more. The Toronto Medical Society discussed it, and gave it a sort of semi-official endorsement. The *Canada Lancet* published it some ten or twelve years ago, and since then I have seen it in one or two of our United States medical periodicals.

I do not wish it to be understood that it will compel a man to quit using tobacco, or that it will give him will power, moral power, or spiritual consolation; but if he has an average amount of these, or can borrow them for three or six months, he can accomplish it. The taste is not unpleasantly bitter, and it should be used about as a moderate chewer would use tobacco. The saliva may be swallowed or not. I have used it myself, and prescribed it, many times, and have never seen a case in which it did not in the end eradicate the craving for tobacco. When that point is reached the antidote can easily be discontinued.

Now, I claim to be one of those who are anxious to quit using tobacco, but have not done so yet. Lest it be thought that I had been unable to borrow the spiritual consolation and other et ceteras above mentioned, I will inform you that three several times I stopped using it, and chewed all the trash enumerated by Drs. Manning and Matlack, and at least ninety-nine not enumerated. Result, the same as theirs, so far as chewing was concerned. But even pine apple failed to change the invariable result, insomnia, not complete, for I would get from one to two and a-half hours sleep each day, or night. At whatever hour the nap occurred I knew it was the last I would get for twenty-four, and probably forty-eight hours. My spirits were good, appetite and digestion normal, as long as narcotics were avoided. They would compel sleep, and at the same time destroy all appetite, and accelerate the otherwise slowly advancing weakness. Each time I persevered until I could not walk fifty yards without support; and each time, within two weeks after commencing its use could sleep as usual and attend to business. For twenty-five or thirty years, when using tobacco, I have chewed about one ounce and a quarter a week, and smoked about twice that weight. Previous to my first trial my weight was 148 lbs.; after my last trial it was 118 lbs.; it is now 128 lbs. Each attempt has left my weight lighter than before, in very nearly the same amount. Now, unless some professional brother can tell me something new, or suggest some new combination to obviate that result, I shall have to stick to my tobacco. F. R. Millard, M.D.

San Diego, Cal.

Vaccine from Inoculated Cows.

Ed. Med. and Surg. Reporter:—

In reply to your request for "more light" on the subject of the inoculation of kine with smallpox virus, my experience may be of some avail.

In 1864, being disgusted with the weak protective power of the humanized virus furnished by the government, I determined to raise my own vaccinia by inoculating cows with smallpox virus. I made a number of experiments on adult animals, and finally on calves. Although every precaution was taken, I never succeeded in obtaining any result whatever, other than an irritated sore. The animals all appeared to be totally incapable of being affected by the smallpox poison. In the fall of the same year Dr. Chase, in charge of the hospital at Jeffersonville, Ind., sent to me for a supply of smallpox virus, in order to make the same experiment.

I learned from his messenger, some months later, that Dr. Chase had also signally failed.

Considering that we had thus subjected the matter to the *experimentum crucis*, I have no longer any belief in the identity of the two diseases.

Titusville, Pa. Wm. Varian, M.D.

[In the next number of the Reporter we shall give the most recent and conclusive views on this subject.—Ed. Reporter].

News and Miscellany.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, January 1st to March 31st, 1880.

Bailhache, P. H., Surgeon. Detailed as President of Board of Examiners, to convene in Washington January 26th, 1880. January 14th, 1880.

Miller, T. W., Surgeon. Detailed as member of Board of Examiners, to convene in Washington January 26th, 1880. January 14th, 1880. To proceed to Chattanooga, Tenn., as Inspector. January 28th, 1880.

Wyman, Walter, Surgeon. Granted leave of absence for twenty-one days, from February 7th, 1880. February 6th, 1880.

Murray, R. D., Surgeon. Granted leave of absence for twenty-one days, from April 10th, 1880. March 16th, 1880.

Fessenden, C. S. D., Surgeon. Detailed as Recorder of Board of Examiners, to convene in Washington, January 26th, 1880. January 14th, 1880.

Fisher, J. C., Assistant Surgeon. To report to Board of Examiners for examination for promotion. January 28th, 1880.

White, Robert, Jr., Assistant Surgeon. Granted leave of absence for thirty days, on account of sickness, from February 23d, 1880. February 21st, 1880.

O'Connor, F. J., Assistant Surgeon. To proceed to Evansville, Ind., and assume charge of the service at that port. March 17th, 1880.

DEATH.

White, Robert, Jr., Assistant Surgeon. At New York, February 24th, 1880.

Medical Graduates.

Up to April 1st the medical colleges reported graduates as follows:—

Jefferson Medical College, 196; Medical College of University of Pennsylvania, 104; Women's Medical College of Philadelphia, 14; Medical College of University of New York, 200; Bellevue Hospital Medical College, 142; College of Physicians and Surgeons, 117; Louisville Medical College, 56; Medical College of the University of Louisville, 95; Louisville Hospital Medical School, 33; Rush Medical College, 144; Cincinnati College of Medicine and Surgery, 28; Miami Medical College, 46; Medical College of Ohio, 119; Medical College of University of Buffalo, 56; Detroit Medical College, 27; Iowa State Medical College, 22; Yale Medical College, 2; Medical College of Virginia, 20; Baltimore College of Physicians and Surgeons, 110; National Medical College, 12; Georgetown Medical College, 10. Total 1553.

State University of Iowa—Medical Department.

The Medical Department of the Iowa State University closed its tenth annual course of lectures March 3d. The degree of M.D., was conferred on twenty-two candidates. The final examinations were conducted in the presence of a committee from the State Medical Society, and were thorough and satisfactory, several candidates failing to pass.

The institution has been steadily growing in favor with the profession of the State, and had an attendance of 162 during the past session, the largest in its history. It has established a graded course of three years, and a preliminary examination, which, though at present optional, a majority of the students entered. This is to be made obligatory at a very early date.

Personal.

—Dr. W. R. D. Blackwood, of this city, has been appointed Physician to St. Mary's Hospital.

OBITUARY NOTICES.

—Dr. Thomas Bevan, a well known member of the profession in Chicago, died suddenly, March 15th, from "acute congestion of the brain," as the Coroner's jury reported. He was 50 years of age, a graduate of the medical college of Ohio, and a writer on sanitary subjects.

QUERIES AND REPLIES.

Ma. Editor: Having seen the query of S. C. P., of Ill., and the suggestion of C. H. F., of Ala., in the Reporter, in regard to chronic urticaria, I would recommend the use of the dilute nitro-muriatic acid, to be given in doses of twenty drops in half a glass of sweetened water, an hour before each meal. I think it will be found as efficacious as it is palatable.

Waco, Texas. J. C. J. King.

Subscriber, Texas.—You will find the most recent views on the vomiting of pregnancy admirably summarized in the monograph of Dr. Barbiglia, mentioned on page 254, current volume. In English, the etiology is discussed in all the standard treatises, but we recall no special treatise devoted to the subject.

Dr. P. J B., of Texas.—Natural History is such a wide subject, that one work hardly covers it now-a-days. Probably the best popular book is the Rev. J. G. Wood's Illustrated *Natural History.*

Dr. S. C., of Ill., asks whether the continued use of morphia hypodermically has been suspected of causing paralysis.

Ans.—We find no reference to such an effect in Dr. Kane's recent work on the subject.

Dr. S. D. P., of Ill.—We know of no work devoted to maternal impressions, nævi, etc., although many scattered articles have appeared on the subject.

Criticus writes that there is no evidence that Luke, the physician mentioned Colossians iv,14, was the author of the Gospel. The alleged identity rests on a tradition which was merely a guess, because of the identity of the names.

MARRIAGES.

JACOBS—AUGUSTINE.—At the residence of the bride, February 26th, by the Rev. A. K. Felton, Dr. Thos. J. Jacobs, of Somerfield, Pa., and Miss Kate Augustine, of Addison, Pa.

DEATHS.

KNIGHT.—In this city, on the evening of 4th month 1st, Dr. John Knight, aged 36 years.

ROBINSON.—At Bushington, Bucks county, Pa., on March 23d, Mary M. C., wife of Dr. W. T. Robinson.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

INFLAMMATORY OBSTRUCTION OF THE BILE DUCTS; ALBUMINOID DEGENERATION OF THE LIVER, SPLEEN AND KIDNEYS.

A Clinical Lecture, delivered at the Hospital of the University of Pennsylvania, November 1st, 1879.

BY DR. WILLIAM PEPPER,

Professor of Clinical Medicine in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Gentlemen, I wish to call your attention to-day to two cases, not at all similar, but in both of which we have a question arising as to the nature of the enlargement of the liver. The first is a resident of West Philadelphia. He is an officer of the Grand Army, and at a recent display of that organization carried a heavy flag, with the flagstaff resting against the epigastrium, for a number of hours, and soon after he noticed pain in this situation. He is sixty years old and sober; he never had jaundice before; no attack of hepatic colic.

On examining him, we notice, in the first place, deep jaundice. I will not dilate upon this symptom now, for I have fully discussed it in another case. The urine is deeply colored with bile, and the stools are of a putty color. The urine has not been examined for the biliary acids. With this jaundice we have, as usual, dyspeptic symptoms, poor appetite, flatulence, weight in the epigastrium, and irregular bowels. You will nearly always, in cases of jaundice, find that the digestive functions are much deranged. These symptoms are pronounced in proportion to the obstruction to the flow of the bile. In the present case this obstruction is very marked.

When we meet with a case of jaundice, we must try to arrive at a knowledge of its cause. We first try to show, if we can, that it is due to obstruction, and then we try to discover how the obstruction is brought about. The most important causes of obstruction are, in the first place, the impaction of gall stones in the ducts of the liver. In such cases the attack comes on suddenly, with pain under the right ribs, frequently attended with vomiting and marked prostration, usually terminating rather abruptly, and followed in the course of from six to twenty-four hours by jaundice. The patient will frequently have more than one attack. You will observe that in this case we have no such history.

Again, we have seen that tumors outside the liver, and pressing upon it, will cause jaundice; thus, tumors at the head of the panereas, enlargement of the glands in the transverse fissure of the liver, tumors of the pylorie extremity of the stomach, and of neighboring parts, will cause it. Tumors of the liver itself, particularly malignant tumors, may press upon the ducts and give rise to jaundice. But in these cases the jaundice is at first slight, and gradually increases. In the present case we have a distinct history of an acute beginning, and further examination shows no solid tumor.

What other causes of jaundice have we? Unquestionably, one of the most frequent causes of jaundice is obstruction arising from inflammation of the biliary ducts. The common duct of the liver passes obliquely through the wall of the duodenum, and at its mouth there is a little tit-like process. In this situation we have a num-

ber of ducts, the common duct, cystic duct, hepatic duct, and the converging ducts of the liver. All these are lined with mucous membrane, which is very liable to become inflamed. Any cause may start this inflammation—a blow from the outside, very acrid, irritating or indigestible food in the duodenum may cause it, or it may arise from the action of cold. Thus we have inflammation of the mucous membrane, and it frequently begins in the duodenum, and reaching the common duct passes into it, and causes swelling, thus obstructing the passage of the bile. In bad cases ulceration, with subsequent cicatrization and absolute occlusion, may occur.

Now, in our patient, has this been the case, or is his jaundice due to another cause, that is, local peritonitis around these ducts, with exudation matting them together, and forming adhesions, thus causing more or less occlusion of the ducts? I think that you will agree with me that this case depends upon one or the other of the last two causes. When the mucous membrane of the bile ducts is inflamed, the mucous membrane of the duodenum usually sympathizes, so that generally you will find, in an attack of acute catarrhal jaundice, that the attack has been accompanied with or preceded by signs of irritation of the gastro-intestinal canal; that there has been loss of appetite, coated tongue, nausea, vomiting, and looseness of the bowels. Now let us inquire how it was with our patient. He was seized, the day after carrying the flag, with vomiting and purging, followed in a few days by jaundice.

To what changes has this inflammation given rise? I find on examination that the liver is considerably enlarged; the left lobe extends below the xiphoid cartilage; the right lobe is about an inch and a half lower than normal, and here, just as in that case of pancreatic tumor pressing upon the gall duct, which you saw at the last lecture, I find the gall bladder distended, and about the size of a turkey's egg. The indications, then, are, that in consequence of an acute attack of gastro-intestinal catarrh, caused partly by exposure and partly by direct irritation, the inflammation has extended up the common duct, and has led to such a degree of thickening that the duct has been entirely occluded. This occlusion has now remained for five months. There is, then, reason to fear that serious changes have taken place in the walls of the bile ducts.

What is the effect upon the liver? Remember, that it is not only the ducts themselves that are involved, but also the ducts in the liver itself. In consequence of the obstruction the ducts become immensely distended with bile, their walls are irritated, and unhealthy mucus is exuded from the lining membrane. These products undergo decomposition, and cause inflammation of the liver. So that, as a consequence, we find the liver enlarged, not only from retention of the bile and distention of the ducts, but also from the slow inflammation of the interstitial connective tissue. If in the rabbit you tie the gall duct, you will find that it is followed by a sort of hypertrophic cirrhosis; so here we have the liver in a state of hypertrophic cirrhosis, with distention of the vessels, distention of the bile ducts, and thickening of the interstitial connective tissue. In some cases we have symptoms of septic poisoning, from the absorption of putrescent matters from the bile ducts. This form of jaundice, with fever, is a very grave condition.

These attacks of inflammation of the bile ducts are often accompanied by spasm. It is then very difficult to diagnose this condition from the passage of a gall stone, with bruising of the mucous membrane. The diagnosis can only be made by taking the stools, mixing them with water, reducing them to a powder, and passing them through a sieve, so that if there be a calculus it may be discovered. Catarrhal jaundice is often accompanied by as violent pain, vomiting, prostration, etc., as the impaction of a gall stone. Therefore, when we have a patient with such a history, particularly if there has also been a gastro-intestinal catarrh, we should wait until we actually have the gall stone before deciding that the trouble was due to that cause.

We find, in cases of persistent obstruction of this kind, that the portal circulation suffers great congestion, and ascites makes its appearance. Now this is simply an indication that the obstruction of the gall duct has resulted in a thickening and induration of the connective tissue of the liver, which presses upon the venous branches, and thus causes such an impediment to the portal circulation that it relieves itself by an exudation into the peritoneal cavity. This man's feet also swell at night.

Now, as to the mode of treatment. In these cases, as in all cases of catarrhal jaundice, our aim must be to relieve the inflammation, remove the swelling, and restore the patulous condition of the duct. The treatment should, in the first place, embrace a careful attention to the diet, which should be nutritious and digestible; secondly, counter-irritation over the seat of the inflamed duct; thirdly, the use of such remedies as will render the bile more dilute, and which

will cause it to flow more freely, and will at the same time tend to favor the reduction of the congestion of the mucous membrane. For this purpose saline mineral waters containing sulphate of soda, sulphate of magnesium and chloride of sodium are useful; or small doses of these salts in a large amount of water may be used; lastly, the use of alterative remedies which will favor the absorption of the exuded materials; among this class we find the subnitrate of bismuth, nitrate and oxide of silver, the astringent salts of iron, and the mineral acids. The silver salts are the most useful if their use be persisted in for a long time. If the inflammation has been attended by ulceration and cicatrization of the mucous membrane all treatment will prove ineffectual. Where a case has lasted as long as this one this danger is to be feared; but I have seen cases of much longer duration than this yield to treatment. Our treatment will consist, then, of blistering, the use of nitrate of silver, and the use of Rochelle salts in a large amount of water, every morning.

Albuminoid Degeneration of Liver, Spleen and Kidneys.

Now, in the next case we have a man thirty-six years old, who, fourteen years ago, was infected by syphilis. This was followed by secondary symptoms of marked severity, which seemed to yield to treatment, as they so frequently do. For the past year he has been complaining of symptoms of failing health, loss of strength, loss of color and loss of flesh; severe pains over the liver, but no jaundice; symptoms of indigestion, but no vomiting. The bowels have been opened twice a day for about ten days of each month. He has passed a good deal of water lately, and has to get up during the night. The urine has at times been high colored, but not turbid. There has been, then, these symptoms of failing health, loss of flesh, strength and color. He has had hectic fever, as is not unfrequently met with in specific disease. He has disturbances of the digestion, with marked tendency to looseness of the bowels, and a progressive increase in the amount of urine, which has remained clear. Notwithstanding the fact that the urine is passed more frequently and in greater quantity than normal, there has been dropsy of the lower extremities. Our attention is directed more particularly to the gastric and renal symptoms.

I shall first study the kidneys. I examine the urine and find that it contains about three per cent. of albumen. We have also present a considerable amount of the coloring matter of the blood, as is shown by the change of color on the addition of nitric acid. You are apt to see this change where the blood is undergoing disintegration from hepatic or splenic disease. The specific gravity of the urine is 1.012, and it deposits hyaline tube casts on standing. The kidneys then present evidence of organic disease; but before trying to discover the form of disease, let us study the other organs.

Examining the abdomen, we find it enlarged. This may be due either to the enlargement of the contained organ or distention by gas or liquid. There is very little, if any, dropsy. The resonance is good all over the bowels, but at the upper part of the abdomen, about a hand's breadth below the margin of the ribs, the percussion note is flat. This dullness extends upward to the third rib or second interspace. The vertical extent of the dullness on the right side is ten and one-half inches. The left lobe is even more prominent than the right, and extends to about the same height. The dullness extends on the left side until it meets that of the spleen. The spleen is felt projecting below the ribs on the left side. Here we have, with the renal trouble, marked enlargement of the liver and spleen.

We have, for ordinary descriptive purposes, three forms of chronic organic renal disease. First, the granular, contracted kidney, in which we have a large amount of urine, a small amount of albumen, little dropsy and few tube casts. Secondly, the large white or catarrhal kidney, in which the urine is small in quantity, containing a large amount of albumen, and attended with dropsy. Thirdly, the waxy kidney; here we have a large amount of urine of about the specific gravity of 1.012, but not so great a quantity as in the granular kidney, and the albumen is moderate in quantity. A considerable number of hyaline tube casts are found. Despite the large amount of urine passed, there will be progressive dropsy; and further, we will usually find that associated with the renal trouble there is disease of other organs, particularly the liver and spleen. The liver and spleen, although so much enlarged, have retained their normal shape, indicating that the hypertrophy is due to the infiltration of the organs with this albuminoid material. I have weighed livers of fourteen or fifteen pounds, taken from cases of this disease. There is little pain unless there is some associated peritonitis, as constantly occurs in certain specific diseases. It is not attended with jaundice, neither is it so apt to be attended by dropsy of the abdomen as cirrhosis, although

near the close of the case ascites is apt to make its appearance. It is not attended with the formation of irregular nodules, as in cancer.

When, then, we meet with a case in which we have the characteristic symptoms of albuminoid degeneration of the kidneys, with associated enlargement of the liver and spleen, we have to do with a case of general albuminoid degeneration. The mucous membranes are also involved; the walls of the blood vessels are thickened and changed, and thus we are apt to have hemorrhage. There has been no hemorrhage in this case. Frequently there is a serous discharge, and you have observed that here we have a marked tendency to diarrhœa.

This disease is not due to a local cause, but to the infiltration which results from a depressed and cachectic state of the system. Thus, we find it appearing in long-standing scrofulous disease, especially where there has been suppuration, and where the nutrition has been depressed for a long time. We find it in long-standing suppuration and exhausting discharges, independent of scrofula; but there is no condition of the whole economy which is so apt to cause it as long-standing constitutional syphilis. Indeed, it might almost be regarded as internal syphilis. The principal organs that are attacked are the glands, the liver, spleen and kidneys. We should always investigate the past history of our patient, as the treatment will be governed by the cause.

The treatment of this condition is best considered under three heads. In the first place, bearing in mind that it is a wasting cachexia that is the cause, we use nutritious food with cod-liver oil, preparations of malt, iron, etc.; secondly, we treat the cause of the disease. Now, in such a case as this, where we cannot doubt the specific nature of the trouble, we will use a specific anti-syphilitic treatment; but in these cases, where we have a weak state of the digestive organs, we must be careful how we use the iodide of potash. I would prescribe here the iodide of mercury, with iron and a vegetable tonic; and lastly, our treatment must be based upon the special characteristics of this degeneration, and on this ground we administer salines, particularly the phosphatic salts, as they appear to be indicated by the fact that if we examine the liver from cases of this disease it will be found extremely deficient in salts, especially those of soda and potash. We, therefore, administer the phosphite and hypophosphites of soda and potash; but I am not at all certain that we can in this way replace the deficient salts.

Communications.

CHYLURIA.

BY J. T. ESKRIDGE, M.D.,
Of Philadelphia.

Read before the Northern Medical Society of Philadelphia.

To better introduce the subject of this paper I will read the notes of a case of chyluria which first came under the care of Dr. J. Moore Campbell, some months ago. He, at my request, has kindly furnished me with a detailed history, and brought the patient before the Society to-night.

S. R., male, aged twenty-three, Cuban by birth, and a cigar maker by occupation (as was also his father); was quite healthy until fourteen years old, never having suffered any of the diseases incident to early childhood. At the age of fourteen he first noticed his urine was whitish. The lower portion, after standing in a vessel for some time, was of a gelatinous consistence. About one year later the whitish appearance of his urine alternated, for a few days, with a bloody appearance. Occasionally thick gelatinous masses, which almost closed the urethra, were passed at the first morning micturition. The passing of blood did not exceed three days, and has not reappeared since. The whitish and gelatinous condition of the urine has continued intermittingly since its first appearance. After the urine first became whitish it continued so about one month, and then was normal in appearance for about the same period. It thus continued to alternate in appearance from month to month for about two years. After this his urine was decidedly white at some time each day for a period of six months. During a portion of this period his urine appeared almost normal in the afternoon. Again an intermission of a month or more occurred with normal urine. Following this his urine was white about three-fourths of the time for several months. At times his urine was white in the morning and normal in the afternoon; at other times it was normal in the morning and white in the afternoon. When eighteen and a half years old his urine became natural in appearance, and so continued for seven months. When nineteen years old it was normal in the afternoon and white each morning for about six months, at which time he first came to the States, where he has lived since, and spent most of his time in Philadelphia. During most of the time his urine was discolored gelatinous masses were passed, which at times were quite annoying. The first three

months of his residence in the States was in Baltimore. During this time the discoloration was noticed each day. If the urine was not discolored in the morning it was sure to be in the afternoon. The last three years have been spent in Philadelphia and during most of this time the discoloration has been almost constant. The longest intermission during these three years occurred when he was twenty-one years old, soon after his marriage, and was of three weeks' duration. Of late his urine has been nearly normal in appearance for about two weeks.

He is not given to venereal excess. During most of these nine years which have intervened since the first appearance of chylous urine he has enjoyed pretty good health. He has never been very strong, and has often suffered from a dull headache in the occipital region. He had pain in his back before the trouble first came on. This has continued intermittingly since. At times it has been almost continuous for a year. When gelatinous masses are passed from the bladder he often suffers great pain, and the parts are quite sore afterward. If the mass is very large, a drop of blood follows its passage. There is no impairment of the venereal orgasm. He has been married two years, but has no children. There is no history of chylous urine in his family, so far as he knows. Eye ground and vision normal.

That the subject which forms the caption of this paper is not well understood, is evident from the confusing and conflicting notions held in regard to its pathology. Some of our standard works on the practice of medicine (Flint's, Aitkin's, etc.) have not attempted to discuss the subject.

The literature of this disease is comparatively meagre, especially when thirteen cases have been witnessed by one observer (Prout).

The disease has probably existed from time immemorial, but it does not seem to have received more than passing notice, indeed, if it were at all recognized, until about seventy-five years ago. The number of reported cases are hardly numerous enough, if all were accurately tabulated, to enable us to determine whether it occurs more frequently in the male or female. Of the thirteen cases observed by Dr. Prout, five of the patients were males and eight were females. Mr. Thomas (according to Watson) saw at least a dozen cases during a residence of ten years in the Barbadoes. All these occurred in the colored race; the sex is not mentioned.

The infrequency of this disease, especially in certain portions of the world, may be inferred, when Sir Thomas Watson tells us in all his experience he never saw a single case. Bartels (Ziemssen, vol. xv, page 32) has only seen one. Many physicians who have enjoyed a large practice during a long life have never seen a single case.

Chyluria is preëminently a disease of the tropical climates. Bartels, just quoted, favors the view that a residence in a tropical climate is almost necessary to the development of the disease. He gives the Brazils and the southern part of North America as the most common locality of this disease. All of Thomas' cases—twelve or more—occurred in the Barbadoes. Of the thirteen cases seen by Dr. Prout, seven of them were either natives of the East or West Indies, or were persons who had lived a long time in hot climates (Watson). Dr. Oehme (*The Monthly Abstract of Medical Science*, March, 1875) reports a case of intermittent chyluria. The patient had never been in the tropics even for a day. Of Dr. Prout's thirteen cases, it will be remembered, only seven, or a little over one-half, had been in hot climates. The tropical climates, as Watson remarks, undoubtedly predispose certain individuals to this disease. He refers to one case, not seen by him, in which drinking cold water while the body was heated seemed to act as the exciting cause, and to others in which exposure to cold was thought to have something to do with the attacks.

The clinical history of this disease varies greatly in different individuals. In some the general health seems to suffer but little for a long time, although, ultimately, it must show the effects of the wasting process. Some have suffered for nearly twenty years with the disorder upon them all the time. The patient before you has suffered about nine years from it. According to Watson, the lighter cases are attended with slight feverishness, some uneasiness in the back and loins, some thirst, dry skin, and torpid bowels. In the severer cases the symptoms may simulate those of diabetes; the thirst becomes urgent, appetite craving, with some emaciation and debility. The severer the case the more tendency does the urine have to coagulate in the bladder. In some cases great difficulty is experienced in voiding it, the clots having blocked up the urethra. Dr. Prout (Watson) states he has known this to constitute the chief difficulty of the disease. Our patient often experiences considerable pain and difficulty in passing water when large clots are passed with it.

Urine.—The urine looks white, like milk, and

its color is most marked soon after a full meal. In the marked cases it stiffens as it cools, taking the shape of the vessel which contains it. Some specimens passed a few hours after eating coagulate into two separate portions, the upper being matter which has been thrown up after the urine has stood several hours. This portion of the coagulum, like ordinary cream, contains an oily principle. The lower portion is whitish, and has a fibrinous or fleshy appearance, which is often tinged with blood. It has a specific gravity of 1.015 to 1.025, and is acid in reaction. On heating it the odor of urine is developed. Heat and nitric acid will render the urine almost solid, although neither alone seems to be capable of coagulating it. Ether dissolves out the fat and leaves a yellowish, butter-like mass on evaporation. Bartels says, in the case seen by him, that there was 1.14 per cent. of solid fat, and 0.98 per cent. of solid albumen in a specimen of the urine. According to this author, the fat behaves, in every particular, like that of chyle. Albumen with fibrin is always present, and at times is so great as to cause coagulation of the urine in the bladder.

Microscopic Appearances of the Urine.—The fat is in a very fine state of division, and no fat corpuscles are found. Dr. L. B. Hall states, after examining a well-marked specimen from the patient before you, that he "was unable to detect any definite form with a Tolles' one-fifth inch objective. The fat is in a very fine state of division." Bartels says that "white and red blood corpuscles are always present," and "my experience tallies entirely with that of other observers, in that I have always failed to discover renal casts." None were found in specimens of urine from the patient before you. When the urine coagulates in the bladder and blocks up the urethra, symptoms akin to strangury from cantharides are produced. In some cases the chylous urine is present nearly all the time; in others distinct intermissions occur, in which the urine is free from all appearances of chyle. In the third class chyluria occurs temporarily at long intervals.

Watson, in referring, as I suppose, to Dr. Prout's cases, says: "Two of the females, while laboring under the complaint, became pregnant, and brought forth healthy children; and one of the two lived nearly twenty years with the disorder upon her all the time." Again he says: "Occasionally the complaint ceases of its own accord, even for years, and then recurs, without any apparent cause."

Bartels seems to regard it as an irregular disease. On page 32 (Ziemssen, vol. xv) he says: "The urine in this disease presents, on exceptional occasions, at rare and long intervals of time, an aspect that might easily be mistaken for milk;" and on page 33, "Both the aspect and character of the disease vary from time to time; for months the water may be clear and transparent, and neither albumen, fat, nor any elements of the chyle be traceable in it."

The case before you has been regular most of the time in its irregularity.

Various theories have been advanced from time to time, to explain the phenomena present in this disease. All are as yet unsatisfactory, as none have been proven by autopsies. Dr. Prout, before referred to, has attributed this disease to "a double fault;" the first, he thinks, is found in the organs of assimilation, and the second in the kidneys. According to this view, by some derangement of the assimilative process, the chyle is not raised to the blood standard, and being unfit for its use it is ejected through the kidneys. These organs allow it to pass through unchanged, instead of converting it into the lithate of ammonium as usual.

Sir Thos. Watson, in referring to the long intermissions in which the patient is apparently free from the disease, and then to its recurrence without any apparent cause, says, "We may conclude from these circumstances that it is a purely functional disorder."

Dr. Bartels says, in speaking of the subject of chyluria, "As to its exact nature we are still uninformed," and "we have been forced to content ourselves with the following hypothesis: that in chyluria some abnormal communication must exist between the lymph and chyle vessels on the one side, and in the renal organs on the other." He endeavors to justify this view by referring to cases in which chyle escaped from other portions of the body as a consequence of the dilatation of the lymphatics,* and refers to the anatomical proof of lymphiangioma in the kidneys.† He says, "As it is chyle, and not lymph, we are forced to the conclusion that, owing to some insufficiency in the valves of the lymphatics, actual chyle from the chyle duct (cisterna chyli) forces its passage backward into the lymphatic fistula."

In the *Medical Times and Gazette*, for April 10th, 1869, a case of "Enlargement of the Right Lower Limb, with Distention of the Sub-

* Kühne, Lehrbuch der Physiologischen Chemie, S. 643.

† *Heschl, Wiener Medicinische Wochenschrift*, 1866, No. 31.

cutaneous Lymphatics of the Penis and Scrotum, and occasional discharge of Chylous Fluid," is reported. Similar cases are reported in the *American Journal of the Medical Sciences*, for 1863, by Dr. H. V. Cartz, of Bombay. He rejects the theory of Dr. Prout, and attributes the disorder to an abnormal distribution of chylous fluid. Watson says, "In one of the fatal cases the body was examined and the kidneys found perfectly healthy." Other fatal cases are reported, with autopsies, but in none of these that I have looked over, including the one mentioned by Sir Thos. Watson, is any mention made of a critical microscopical examination of the kidneys. Nothing positive regarding the true nature of the disease can be ascertained till we have a number of typical cases well studied, both clinically and pathologically.

Judging from the cases already reported, longer or shorter intermissions, with apparent freedom from the disease, may take place, and these may be prolonged over fifteen, twenty or more years, but death will finally be reached, especially in the well marked cases, by exhaustion.

It has been found in those cases that are severe enough to run down the health and strength of the patient, that when an intermission occurs, either from treatment or of its own accord, the general health greatly improves, and the patient may again become quite robust, to be again reduced by a recurrence of the disease.

It is very hard to estimate the value of any remedy in this disease, since long periods of freedom from the discharge occur, irrespective of treatment. Most, if not all, who have had much experience with this rare malady, agree in recommending some of the astringents. Whatever agent is used, it is, so far as we know, likely to give only temporary benefit; and the chylous discharge will return, despite our remedial agents. "Dr. Prout used the mineral acids; astringents, among which may be mentioned acetate of lead and alum; opium and counter-irritation."* Watson adds, "But the suspended symptoms have always soon returned." Others recommend gallic acid in full doses. In the absence of the knowledge of the true nature of the disease, the treatment must be merely empirical. If astringents give the best result I should be inclined to add ergot and Monsell's salt to the list of astringents used by Dr. Prout. Strychnia, as a general tonic, and as giving tone to the muscular fibres, both voluntary and involuntary, should receive a trial.

* Watson.

Hospital Reports.

PRESBYTERIAN EYE AND EAR CHARITY HOSPITAL, BALTIMORE.

PROF. JULIAN J. CHISOLM, M.D., IN CHARGE.

Reported by Eugene F. Cordell, M.D., Member of the Baltimore Academy of Medicine, etc.

Incipient Cataract.

Case 1.—The patient was a woman, aged eighty. At forty-five years of age, owing to her failing sight, she began to wear glasses, as is usual with persons who have good eyes. These convex spectacles had been properly changed from time to time, with advancing age. When seventy-five years of age the strong glasses no longer suited her; she had, therefore, to resume some of the discarded ones, and for the past year she has been able to read the finest print without the aid of glasses. In other words, she has regained her second sight. As she regained her sharp sight for near objects, her distant vision became somewhat cloudy, and she could no longer recognize friends across the street. Very recently near vision has somewhat failed, and hence her visit to the Hospital. Glasses no longer avail for either distant or near work. Prof. Chisolm referred to the restoration of second sight as causing great delight to the recipient, who would often boast of the newly-acquired gift: but to those who had studied the matter, and could look into the future conduct of such cases, this second sight was often a cloud on the horizon, which, in time, would bring on the darkness of a mature cataract, of which second sight is so often the precursor. This patient was then taken into the ophthalmoscopic room, where an explanation was found for the amoky sight, in the clouding of the lens. It was swelling of the lens, with increased curvatures, in the incipient state of cataract, which allowed of short focusing. This case of second sight was not an exception to the rule, that the restoration of strong sight in old age, and the abandoning of spectacles for reading, are usually precursors of cataract formations.

Lens Dislocated into Anterior Chamber.

Case 2.—A negro man, aged fifty-nine, had been struck in the eye four years ago. The other eye had been injured twenty years ago, and now exhibited superficial corneal ulcerations, with general injection. In the eye more recently injured, a white, smooth body was seen in the anterior chamber. It was a degenerated crystalline lens, still enveloped in its capsule, but opaque and pearly in appearance, and much diminished in size. The iris was of good color, with freely acting pupil, but no sight. As the lens in its new position was causing no irritation, Prof. Chisolm declined to remove it, especially as no sight could be obtained after the operation, which, for the present at least, was uncalled for. The blow, when received, had ruptured the suspensory ligament of the lens, enlarged the pupil, and allowed the now freely movable lens to escape through the pupil into the anterior chamber. Usually, much inflammation is set up by this change of place, necessitating the early removal

of the now foreign body. This patient had had no iritic trouble from the presence of the lens in the anterior chamber for four years.

Exophthalmic Goitre, with Conical Cornea.

Case 3.—A white woman, of delicate frame, aged 27, exhibits the double form of disease in a very exaggerated condition. Four years since the trouble commenced with heart palpitations, which she attributed to dyspepsia. In the course of time she became anæmic, and the eyes became prominent, the neck at the same time becoming enlarged. At present, all of the symptoms of exophthalmic goitre are very conspicuous. In addition to these distressing appearances, she became very near-sighted, and at present vision is so disturbed that she can scarcely walk the streets with safety, for fear of being run over in crossing. The cause of extreme near-sightedness is found in the change of shape of the eyeballs. The cornea in each eye juts directly outward, in a very marked conical form, which, when viewed sideways, look as if a large drop of molten glass had been superadded to the corneal surface. As if she had not trouble enough, the margins of the lids are red and thickened with blepharitis. As to the exophthalmic goitre, so far no treatment has proved of any avail. She has tried tonics, belladonna, and electricity. The conical cornea is her greatest annoyance, and Prof. Chisolm proposes a plan for relief which promises to shrink back the cornea somewhat into its old shape, although at the expense of central transparency, and then by iridectomy to remove a good deal of the present irregular and defective refraction. The plan is to perforate the centre of the cornea with a red hot needle, and cause an ulcer, which in cicatrizing will shrink back the corneal protrusion. Before performing this operation he desires to get the patient in better condition, by country air and a general hygienic course.

Albuminuric Retinitis.

Case 4.—A man, aged 55, was sent to the Hospital for inspection, on account of failing sight. In the left eye his vision has been growing dull for one week, and in his right, for three days, vision has also been smoky. He cannot now read, and cannot carry on his work as clerk. He complains of no pain in the eyes, nor in any part of the body. Does not smoke or drink; has never had syphilis, and up to one week ago has had uniformly good vision. The eyes, to ordinary inspection, exhibit no disease. There is no injection, the pupil acts well, and is of good color. A careful ophthalmoscopic examination showed a suffused disc, and glistening white spots at the fovea centralis, or yellow spot of Soemerring, which led Prof. Chisolm to diagnose Bright's disease of the kidney. His urine was now examined and found full of albumen, in confirmation of the general disease which the ophthalmoscope had revealed. Often, at the eye dispensary, an examination of the condition of the retina puts the physician on the right track of a distant affection, which has involved the eye linings secondarily.

The Presbyterian Eye and Ear Charity Hospital has, in the short space of two years, become one of the largest charities in the city of Baltimore, and offers a fine field for the study of eye and ear diseases.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Reported for the Medical and Surgical Reporter.

After the reading of Dr. Eskridge's paper upon Chyluria, the Society postponed the discussion, to enable the members to see and observe the patient.

At the next meeting Dr. Eskridge again introduced the subject, stating the chief interest to him resided in the pathology of the case, without a definite knowledge of which treatment, at best, must be empirical. Two suppositions have been made. First. That there exists a direct communication between the chyle ducts and the uriniferous tubes, permitting the regurgitation of the chyle to mingle with the urine. Second. The theory of Prout, who supposed that the chyle remained in the blood unassimilated, and was thence eliminated by the kidneys as foreign matter.

Dr. L. B. Hall remarked the well-known fact that in diabetes mellitus fat exists in the blood in a fine state of division, like that of chyle, and that there existed a corresponding change in the background of the eye. He had, therefore, examined this patient very carefully with the ophthalmoscope, to see if the retinal vessels indicated an abnormal amount of fat circulating in the blood, according to Prout's theory. He had rarely examined so healthy an eye; and except a small degree of hypermetropia, he could discover absolutely nothing abnormal. This, together with the fact that when fat does circulate in the blood (diabetes) the kidneys do not excrete it in the form of chyle, proves Prout's theory to be wrong. This patient complains of a constant headache, antedating the chyluria, having exacerbations more or less parallel to the whiteness of the urine. This pain he locates in the occipital region, extending, when severe, to the middle dorsal region of the spine, accompanied, at times, with giddiness, and tendency to fall forward and to the right side. He attributes this to bad ventilation of his workshop, but we all know that the headache from impure air is generally located in the anterior part of the head; besides, it would hardly continue without intermission for so many years (beyond his memory).

Again, we know that irritation of the floor of the fourth ventricle will so change the functions of the kidneys as to cause sugar to be excreted. And should we not, therefore, look in this region for the nervous centre controlling their functions? The history of this case points to this same region, as far as symptoms can point to the seat of the pathological lesions. On this supposition, it is very easy to account for the failure of the post-mortem examinations which have been made in this disease. The attention has been exclusively directed to the kidneys themselves, or to the thoracic duct, and not to the brain.

Dr. J. B. Walker. The liver is supposed to be the source of the sugar excreted by the kidneys in diabetes, and also from irritation of the floor of the fourth ventricle. He believed, however, that Dr. Hall had given the correct pathology of this case. There appears to be a correlation between the sugar and fat in the blood and in the excretions. This patient has a great distaste for fats, but consumes a large amount of sugar. He would like to see the experiment tried, of limiting the diet by excluding, as much as possible, both sugar and starch. We now know that astringents had and must fail to relieve this trouble.

Dr. Eskridge replied, that the liver had nothing to do with the excretion of fat, and that no irritation of the floor of the fourth ventricle had ever produced fat in the urine.

Dr. E. R. Stone exhibited a specimen of necrosis of the lower jaw, which he had recently removed from a child.

He called attention to the large size of the sequestrum, involving nearly half of one side. In the history of the case there were two points of interest. 1. It began without apparent cause, like an ordinary toothache, which ceased suddenly, and when examined by the doctor, some time after, the part was without sensation. 2. At the time of operating it was difficult to ascertain the separation of the sequestrum before making the cut, it was so firmly bound by the soft parts.

The Committee to examine the morbid growth presented by Dr. Updegrove made the following report:—

The mass we found to consist of two distinct parts. One a small oval tumor, measuring two and three-quarters by two inches in diameter, and presenting the ordinary characteristics of a uterine fibroid. We present a section for examination under the microscope.

The other and principal portion consisted of a series of sacs, varying in size from fourteen inches in diameter (the largest) to the size of a pin's head; the smaller ones being almost innumerable.

The largest one had been evacuated of its contents; the others contained a translucent liquid, slightly gelatinous, or a buttery mass of fat, containing remains of epithelial cells, or both of these combined. In other words, it was an ovarian cyst of the multilocular variety.

One of the smaller sacs contained, in addition to the sebaceous, fatty matter, a ball of hair, and the chief interest of the specimen was centred in this so-called "dermoid tumor."

Dermoid tumors have been recorded by a number of observers, but as yet no very satisfactory account of their pathology has been given. Allow us to cite a few authorities, to show the confusion:—

Blumenbach said they originate in the "Nisus formativus" (whatever that may mean), independent of sexual congress. Coley attributed them to incomplete fecundation, as also did Mickel. Heller considered them the remains of a fœtus. Velpeau gave the same opinion. Cruveilhier says they are either the result of extra-uterine fœtation or monstrosities by inclusion. Ritchie considered every ovarian dermoid an ovum. Grailly Hewitt is certain that they originate in the Graäfian follicle. Spencer Wells says, "We know that an ovum may become developed into a dermoid cyst." Kiwisch: "They have been found in the undeveloped female, in the male, and in other parts of the body, as well as in the ovary, and, therefore, cannot be explained by conception."

Your committee have, therefore, examined this part of the specimen submitted with the greatest care; not expecting to solve this difficult problem with a single example, but believing that every case carefully observed and recorded will be one step toward a correct interpretation of this strange phenomenon.

This dermoid, from the exterior, could not be distinguished from the other sacs constituting the mass, and was not recognized as in the least differing from them, until opened and the contents discovered. In size it was $1\frac{5}{8}$ by $1\frac{3}{8}$ of an inch in diameter (interior measure). It was somewhat prolonged at four points and across the mouth of one of the prolongations was a bridle $\frac{5}{8}$ of an inch long, $\frac{1}{4}$ of an inch thick, in structure like the wall itself. The wall was of a varying thickness, according to the proximity of the neighboring sacs, was lined with epithelium, and had hair attached to about one-half of its interior surface. At the bottom of one of the prolongations was a small bony plate, about $\frac{1}{4}$ of an inch square, quite thin, and situated between the epithelial and fibrous portions of the wall. A similar though smaller plate was found at one other part of the wall.

Under the microscope these plates show bone corpuscles, but differ from true bone in that they polarize light, and corresponding in both these respects to the calcareous deposits which occur in the choriod of the eye, in the lungs, etc.

The hair, medium brown in color, was rather fine, each gradually diminishing to the free-pointed extremity. The longest measured nine inches in length. They entered the wall at a very small angle, so as to be imbedded for quite a distance in a mass of semi-detached epithelium. The imbedded portion appears, in places, surrounded by a tube of epithelial cells. The attached ends appear broken, and the whole surface of the hair presents a macerated appearance, some of the exterior scales being detached. No undoubted hair bulbs have been detected.

From these observations it is the opinion of your committee that this dermoid cyst was originally of much smaller size, with the hair growing from its interior wall. Exudation taking place (perhaps from irritation of the hairs themselves), the cyst was enlarged by the pressure from within, causing the gradual atrophy and final destruction of the hair bulbs.

This would exclude the idea of its being the remains of a fœtus, by inclusion or otherwise; for such a supposition implies the original development of many other parts which, becoming reabsorbed, leave the less destructible portions, as bone, hair, etc. We should thus have a contracting rather than an expanding cyst. The appearance of the prolongations in the wall, the concentric arrangement of the hair, and the attach-

ment of their larger extremities to the epithelial wall, we think sufficient evidence to the contrary.

The macerated appearance of the hair, together with the plates of calcareous degeneration in the wall of the sac, prove that the process had long ceased to be active, taking no part in the comparatively recent expansion going on in the other sacs, unless, acting as a foreign body, it was the source of the irritation starting the process.

Whether this begun in the ovum, in the Graäfian follicle, or in the stroma of the ovary, independent of these, we find nothing that suggests one rather than the other point of origin. Why and how hair follicles should form in the interior of the body, either with or without conception, we have no suggestions to offer.

Sections of the calcareous plates and of the wall of the dermoid, showing the hair in situ, were exhibited under the microscope.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

REPORTED BY J. W. PLUMM-BATES, M.D.

Tumor in the Brain.

Dr. Evans. Mr. M., while in the U. S. Navy, fell from the rigging to the deck of the vessel; he was taken up unconscious and carried to a hospital in New Orleans, where he was treated for some months. The only external injury apparent was a large, contused wound about the right temple. The symptoms of internal mischief were persistent vomiting, violent headache and extreme prostration. He remained in hospital eighteen months: was discharged improved but not well, and was allowed a pension by the Government. He consulted me two years after the injury, and six months after his discharge from hospital. His symptoms at the time were violent headache, extreme nausea, and pain through or in the eye. The eyeball stood out, bulging, as if something behind was forcing it forward; sight impaired, and could not read more than ten minutes at a time without becoming very sick. Under treatment he improved, and in two months was able to go around. I found that this improvement was only temporary, for when he would walk any distance he would be seized with all the old symptoms, and compelled to keep his bed for days after. My diagnosis was a tumor pressing upon the brain. He was under my care two years. The eyeball protruded more and more as time progressed, and finally sight was lost, deafness supervened, and coma, profound and deep, closed the scene, and ended his fearful sufferings. The interest in the case hangs upon this point: was the tumor the result of the injuries received, or was it a syphilitic growth? There was no symptom of syphilis, and the man positively denied ever having had the disease. I think it possible that the tumor resulted from a chronic inflammation of the cerebrum, and that inflammation was caused by the fall.

Dr. Morris. I know of a case somewhat similar, but post-mortem examination disclosed a syphilitic tumor of the brain.

Dr. Monmonier. I think Dr. Evans was correct in his opinion. I have seen many cases of contusions and injuries of the head followed by inflammation and death. In some cases I let out three or four ounces of pus by the trephine.

Use of Jaborandi.

Dr. Caldwell. Some meetings since one of the members spoke of the bad effects sometimes following the use of jaborandi. Lately, I used it on a patient; gave half an ounce in two doses: in a short time there was profuse perspiration and ptyalism. There seemed to be great prostration, and I was sent for, on account of the family becoming alarmed. I gave brandy and coffee, and in a short time the profuse secretion was checked. I have used the drug in several cases, and have not seen any ill effects.

Dr. Evans. I have used it, and in some cases have seen but little effect. The article used may not have been good, for we cannot always depend upon the druggist in this matter.

Dr. Cathell. I have just given jaborandi to a patient with the following history: A gentleman, aged fifty-four, proprietor of an iron furnace a few miles from the city, had been declining in health for about two years; consulted me in July, 1878. He was passing large quantities of urine, which was found to contain sugar (sometimes as much as four grains to the ounce, but usually less); costive; foul tongue; acid belching; constant pain in the occiput; and his weight had fallen from 205 to 170 pounds. There was also limited obstructive valvular disease of left side of the heart, evidently dependent upon former rheumatic attacks. Under treatment, rigidly followed, the diabetic symptoms slowly and completely disappeared, but owing to bilious attacks and the abuse of purgative medicines and antacids, his general health remained impaired, and his weight further declined to 155 pounds. In this impaired condition he contracted a severe cold, about February 1st, 1880, which resulted in a moderate attack of pneumonia of right lung, which was skilfully treated by two medical gentlemen of his neighborhood. On February 18th I was called to see him. Upon careful examination the pneumonia was still recognizable but nearly gone, but the old heart trouble and its sequelæ had assumed overshadowing importance. The mitral lesion was increased; both lungs were œdematous posteriorly, and there was a moderate effusion into the pleural cavity; the abdomen was distended with fluid, and the lower limbs were completely waterlogged. Upon attempting to lie down he would, in a few moments, be seized with alarming dyspnœa, which compelled him to maintain the sitting posture; respiration 48: pulse 108, and intermittent; entire venous system congested; face cyanotic and expression anxious; feet and legs cold; mind wandering at times. Knowing that the only hope of rescue consisted in promptly unloading him of the water, one-twelfth of a grain of elaterium was given every hour; seven doses were taken, which brought away by the bowels twenty pints of water, and gave great relief. After two days of rest, food and stimulation, the functions being still oppressed by

the remaining water, five half-drachm doses of Squibb's fluid extract jaborandi were given at intervals of two hours, with the following effect: Patient's face flushed three minutes after taking first dose; three minutes later spitting began, and eight minutes later perspiration broke out, 1st, on forehead; 2d, neck; 3d, groins; 4th, face; 5th, armpits; 6th, arms. Within twenty minutes the entire body was sweating so profusely that he had to go to bed, and for about nine hours he was completely drenched with perspiration. The temperature remained normal during the action of the remedy. The salivation was also excessive. The saliva flowed so fast for five hours that he had scarcely time to speak, breathe, eat or sleep. It did him great good, but it fatigued and alarmed him so much that it would be difficult to get him to take jaborandi again. I estimate that about 14 pints of fluid were eliminated by this remedy. The urinary function also remained moderately active during the action of the medicine. Thirst was not urgent. Jaborandi is surely a great agent in such cases. It and elaterium together accomplished what I think no other agents could have done. They removed from this man's cavities and tissues not less than 34 pints of fluid in three days, which allowed his organs to resume their functions; they reduced his respiration from 48 to 24, his pulse from 108 to 88; they enabled him to lie down and sleep, and with the aid of stimulants and food he was able, on March 3d, to take the cars and come to the city for further treatment.

Sponge Attached to the Cervix.

Dr. Coskery. A woman had a profuse offensive discharge from the womb, and upon examination the os was found to be hard and knotty. I thought it was a case of cancer. A day or two after I had an opportunity to examine with a speculum. On one lip of the cervix there was a brownish-gray looking substance, which resembled a slough. As she had been using an injection of carbolic acid I thought that might have produced it. By slight traction the mass came away, and on examination it proved to be a piece of sponge, one and a half inches in diameter and one-third of an inch in thickness. The hemorrhage was very profuse, and continued for five days; for three days it was so great that I feared for her life. The mucous membrane of the os had forced itself into the porosity of the sponge. The sponge was not in the os, but was attached to the anterior lip of the cervix, and when removed left a raw and ulcerated surface from which the hemorrhage proceeded. I know that the use of sponge, to prevent impregnation, is quite common among women, but have never met with a case similar to this.

Rheumatism.

Dr. Billingslea. Called to see a boy, 12 years old, who complained of severe pain in hip joint. As he had been running around without stockings, and had exposed himself, I diagnosed rheumatism, and ordered gr. xij, of salicylate of soda. The next day he was no better, temperature 103°; soda continued. Third day, no improvement, temperature 104: morphia, bicarbonate and iodide of potassium ordered. Fourth day, worse, temperature 104.5°; tincture of iron, gtt. v.; quinine, gr. iss. every three hours, prescribed. Fifth day, better, temperature 103.5°, and from this time gradual improvement took place and he was discharged. In about a week I was again called to see him with the same symptoms; gave colchicin and potass. iodide, with no improvement. Then gave quinine, gr. xij, with tincture of iron, which had the desired effect. There was no rapidity of the pulse until after the relapse.

Dr. Lynch. In cases of rheumatism I usually give quinine, grains twenty, twice daily, and promptly cure my cases. The remedy has to be given in large doses to produce the desired effect. Have used it for years in all my cases of rheumatism.

Dr. Morris. I have had two or three cases of this disease in which the hip only was affected, and found that quinine was the only reliable remedy.

Eclampsia, Puerperal.

Dr. Cathell. Primipara, aged twenty, seven months pregnant; general anasarca; much œdema; features distorted; labia majora protruded two inches, and so greatly distended that she could not sit. The urine contained about 20 per cent. of albumen. I gave a very unfavorable prognosis. Ten days after I was again called, on account of a severe pain under the sternum; and as she had eaten some radishes, I thought she was suffering from colic, but in a short time she had a severe convulsion. Chloroform was administered freely, and seemed to moderate the convulsions, but did not stop them unless it was given as soon as a twitch was perceived. As yet there had been no labor pains, and no dilatation of the os, but about eight o'clock the os was dilated and the child and placenta delivered. The woman died at 10 A.M., after having had about sixty or eighty convulsions. Bleeding from both arms was tried, as also stimulating injections.

Dr. Morris. How much blood did you take?

Dr. Cathell. Eight ounces from first arm, and ten or twelve ounces from second; probably eighteen or twenty ounces in all.

Dr. Evans. I think it would have been better had you made the attempt to remove some of the water from her tissues at your first visit.

Dr. Cathell. I gave digitalis and spts. æther. nitros. as diuretics.

Dr. Evans. I am accustomed to using croton oil until it acts freely, and then cream of tartar as a diuretic. Was induced to use croton oil from observing its good effects in the dropsy following scarlatina.

Dr. Morris. One point impressed me, viz: the fact of her having eaten the radishes. I have no doubt they acted as the exciting cause. I was called to see a woman whose hands, feet, eyes and face were puffed, who, after eating heartily of cabbage, complained, 4 or 5 hours after dinner, of intense headache. I ordered an emetic, and in an hour or two after the husband again called, to tell me that she complained of blindness. I hurried to the house and found her in convulsions, which came on every 5 or 10 minutes. Labor had commenced. Called Dr.

Wilson in consultation, and we attempted to deliver with the forceps, but failed, and had to perform craniotomy. The convulsions did not cease after delivery. They continued at longer intervals for three days, when the woman died, comatose. Bleeding was proposed but not used. I think the factor of indigestion acts as the exciting cause, and also prevents the efficient action of your remedies. Unless effusion has taken place elaterium will frequently relieve. I believe in heroic treatment in puerperal cases, but it is frequently fruitless.

Rötheln.

Dr. Morris. I wish to call the attention of the members to the fact that an epidemic of rötheln is prevailing among the school children. I have had a large number of cases in different parts of the city.

Dr. Percivall. I think that at least 25 per cent. of the school children are affected, and I have seen, in the last few weeks, between two and three hundred cases.

Dr. Evans. Have seen many cases of this disease, usually very mild, and requiring little or no treatment. In some the child scarcely seems to be sick, the only trouble being the eruption and more or less itching.

Dr. Scarff. Glad Dr. Morris mentioned this subject, as I have been puzzled on several of these cases.

Dr. Billingslea. Had several of these mild cases; but one case was quite severe. Lady, aged 35; pain in back and limbs; throat sore, so that she could not swallow a teaspoonful at a time; throat dark-red and had a disagreeable secretion. The temperature was 102°. The disease wore out in seven or eight days.

Dr. Hamill. Had a number of cases; intense itching a prominent symptom.

Dr. Rennolds. Itching not a prominent symptom in my cases. Have seen about 150 cases; saw first cases about two months ago.

Editorial Department.

Periscope.

Lateral Curvature of the Spine Treated by a New Method.

The *London Medical Record*, March 15th, 1880, has the following:—

Two attempts have been tried unsuccessfully at maintaining extension by means of Sayre's jacket. Dr. Berry obtained Dr. Duncan's permission to try the following treatment: The patient was a boy, aged nine. Two large pieces of extension plaster were applied over the whole of the back, on each side of the spine (straightened at the time by extension in the recumbent position), and reaching well round the sides to the front of the ribs. Having found that by pulling on the ends of the plaster the spine could be easily straightened, a plaster-of-Paris jacket was then applied, according to Sayre's Method, into which was incorporated a steel splint, differing from the jury-mast used by that surgeon, in having a cross-bar at the level of the shoulders, which was capable of being lengthened by means of a rack and key, instead of the ordinary head piece. After the plaster jacket had set, the ends of the extension plaster were brought round the horizontal bar, and tightly sewn in position. On then screwing up the splint to a height which fell short of causing the patient any inconvenience, extension was applied to the skin of the back, the counter extension being distributed over the pelvis through the jacket. The shoulders were at the same time drawn back to the cross-bar, and maintained in that position by means of a turn or two of bandage. The results appear to have been most encouraging, although the patient is still under treatment. The author urges that attention should be paid to the following points: 1. The direction of extension should lie in a plane as close as possible to that of the back. 2. The shoulders should be braced back. 3. The splint should be screwed up at least once a day.

Recovery from Opium Poisoning.

The *Lancet*, March 13, 1880, has the following:—

The recovery of an infant after a large dose of opium is so rare as to deserve notice. An instance lately brought before the Académie de Médecine is one of the most remarkable on record. A teaspoonful of "laudanum de Sydenham" was given to a child three weeks old, in mistake for syrup of chicory, which had been prescribed for constipation. The mistake was made at 9 A.M., and was immediately discovered and an emetic given, without effect. M. Nicolas, who records the case, saw the child soon afterward, and ordered sixty grams of a decoction of galls, and coffee in abundance. The first symptoms presented themselves two hours later, and consisted in somnolence and evidence of nausea, accompanied by tonic convulsions, after which the child passed into a state of prostration, or rather, of complete inertia, which continued during the day. The convulsive attacks were brought on by every attempt to administer a liquid by the mouth, and gradually became more frequent and severe. Even the heart ceased to beat during the syncopal condition which succeeded the attacks of convulsion. As long as they continued there was neither vomiting nor action of the bowels, nor was any urine passed during the first twelve hours. During the attacks of syncope, artificial respiration was kept up. Twenty times the child was thus apparently kept from immediate death. At 7 P.M. the somno-

lence appeared to diminish; the child opened its eyes and looked around. The next day witnessed a marked reaction; the pulse rose to 180, and in the afternoon a little milk, with a few drops of brandy, was swallowed. The following morning the child was sufficiently recovered to take the breast, and on the fourth day was well.

Cure of a Traumatic Salivary Fistula.

In the *Medical Press and Circular*, February 18, 1880, we find a report of the following case by Mr. Henry Morris:—

A shoemaker came under my care in the Middlesex Hospital on June 24, 1879, for bleeding from several incised wounds, one of which was about two inches long, and vertical in direction, on the right cheek. On June 28th saliva was seen trickling from the lower end of this wound, which was all but healed. The patient now stated that since the injury the right side of the mouth felt very hot and dry, and that he had constantly to moisten it by carrying the fluid from the left side over to the right of his mouth. A fine catgut bougie was introduced at the oval aperture of the duct, and passed onward toward the parotid gland until it emerged on the cheek through the fistula. The newly-healed wound was laid open, and the proximal end of the injured salivary duct searched for, and found by squeezing the parotid gland until a little saliva was forced out of the duct. Into this the point of the bougie was inserted and pushed onward for about half-an-inch. The edges of the wound were brought together with three hare-lip pins and twisted sutures, and the bougie cut short, so that a short end, not long enough to be caught between the molar-teeth, was left protruding into the mouth from the slit-like orifice of the duct. The patient at once appreciated a marked difference in the feeling of the right side of the mouth, which was now in all respects like the other side, and he could distinctly feel saliva trickling into it. On July 4th the bougie came away accidentally. The wound on the cheek had been all but healed for four days, but a little discharge still escaped at its lower end. On July 9th a little saliva was escaping still; cotton wool and collodion were therefore continued over the wound until the 15th of July. By this date the wound was securely healed, and all the saliva flowed freely into the mouth. The man was retained in hospital for a few days longer, and was then discharged well. The facility with which a bougie can be passed along the parotid duct from the mouth encouraged the author to think that the same treatment would prove successful in most cases of parotid salivary fistula, meaning by salivary fistula a fistula of the parotid duct as distinct from a fistulous communication with the parotid gland itself, such as occasionally follows abscess below or behind the ear; and also as distinct from an opening into the cavity of the mouth, such as sometimes occurs after necrosis of the jaw, and in cancer. If the orifice of the duct, which is its smallest part, becomes obstructed after long disease, the mucous membrane of the cheek may be punctured, and then a bougie might be passed into the dilated part of the duct, which is just where it pierces the buccinator muscle, and urged along it beyond the fistulous opening. In operations for the removal of tumors of the face, when an incision must be made so as to divide the duct, it would be well to pass a parotid bougie while the patient is still under chloroform, so that the potency of the duct and the flow of saliva into the mouth might be secured during and after the healing of the wound.

The Influence of Phosphorus on the Urine.

The *Lancet*, Jan. 31st, informs us that a series of experiments undertaken by M. Cazeneuve, the results of which have been communicated to the Académie des Sciences, seem to show that phosphorus, given in toxic doses, increases the amount of urea, of phosphoric acid, and of sulphuric acid, and also the total excretion of nitrogen, and of iron. The observations were made upon dogs and cats, and the following serves as an example of the experiments: The daily excretion of a dog having been found to be about 2½ grms. of urea, .15 grm. of phosphoric acid, .18 grm. of chlorides, nitrogen 1.26 grm., and no iron; a centigram of phosphorus, dissolved in oil, was injected, and in a few days the daily secretion of urea was 7½ grm., of phosphoric acid .88 grm., of chlorides .55 grm.; the total amount of nitrogen being 4.9 grm., and the quantity of iron appreciable. There was a trace of albumen, but no blood or bile, although urobilin was present. The excretion of each constituent gradually lessened, and bile pigment appeared in the urine. The excretion having fallen until it was considerably below the normal, 200 grms. of milk were given, which had the effect of raising the excretion of each substance almost to the point reached immediately after the phosphorus had been injected. Phosphorus is supposed, when given in toxic doses, to destroy the red blood corpuscles, and such destruction seems to explain the change observed in the urinary secretion. Modern physiology is inclined to regard the liver as the chief seat of the formation of urea; and M. Brouardel has drawn an argument for this theory from the fatty degeneration of the liver which is produced by the administration of large doses of phosphorus. M. Cazeneuve believes that his results support this theory.

Benzoic Acid in Acute Articular Rheumatism.

Dr. Senator writes, in *Zeitschrift für Klinische Medicine*, Band 1, that he has given benzoic acid in forty six cases of rheumatic polyarthritis. Small doses were given at first, in order to guard against irritant effects; and finally, ten to twelve grams (150 to 180 grains) of the acid, or twelve to fifteen grams or more of benzoate of soda, were given daily; the acid itself in the form of powder, boluses or capsules; the salt in a solution of ten to fifteen per cent. in aromatized water, with or without sugar. The results of the observations may be summed up by saying, that benzoic acid is a remedy of high value in acute articular rheumatism, though inferior to salicylic acid. Of twenty-two cases of acute articular rheumatism, twenty-one were cured within a period varying from two to seven days; in one

case, where the disease was of longer duration, the time required was eleven days. The action of salicylic acid is more decided than that of benzoic acid, which is gradual. Several cases in which salicylic acid had been given without effect, or in which it could not be tolerated, recovered under the use of benzoic acid. One point in favor of benzoic acid was the fact, that in none of the cases treated were there any symptoms of irritation of the stomach, intestines, or other organs. In the cases treated by it there were no relapses, nor cardiac or other complications. Further experience, however, is required in order to determine whether benzoic acid, in spite of the comparative slowness and uncertainty of action, for it failed in several cases, is to be preferred to salicylic acid, on the ground of the permanency of the cure and the absence of complications. The use of benzoic acid appears to be indicated in cases where salicylic acid or its soda salt either cannot be borne, or fails to produce any effect.

The Nature of Scarlatinal and Diphtheritic Contagia, and their Interchangeability.

We learn, from *Central-Zeitung für Kinderheilk.*, No. 23, 1879, that Tschamer found constantly present in the blood, on the epidermic scales, and in the liver of scarlet fever patients, little punctiform bodies, which he recognized mostly as micrococci, more rarely as rods. Culture researches, which were carried out partly in solutions of sugar, partly in paste, resulted in a development of rods, then of spores, and, finally, of branched hyphæ of a mould-fungus, which was recognized as *verticillium candelabrum*. From the spores of the latter were again developed micrococci, the inoculation of which, on the author himself, produced a reddening of the skin around the place of inoculation; he swallowed, moreover, a large piece of the *verticillium*, and remarked, three days later, a slight pharyngeal catarrh, lasting two days. A similar observation was made in diphtheria; the fungi "cultivated" from the urine or diphtheritic membrane belonged to the species *verticillium ruberrimum*. Tschamer adopts Hallier's theory, according to which micrococci can arise from fungus spores, and *vice versa*, as fully applicable to the fungus of scarlet fever and diphtheria; both diseases, according to him, arise from the action of a *verticillium*. This genus, according to Bonorden, breeds on decaying wood.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A reprint from the Detroit *Lancet*, which we have just received, contains an able treatise on the "Physiological Action of Bromide of Ethyl, by Isaac Ott, A.M., M.D., late Lecturer on Experimental Physiology, University of Pennsylvania.

——We have just received the Annual Report for 1879, of the Western Pennsylvania Hospital for the Insane, at Dixmont, Pennsylvania, containing statistical tables of the cases under treatment during the past year.

——The valedictory address to the class of the Jefferson Quiz Association, at the Philadelphia School of Anatomy and Surgery, March 10, 1880, delivered by John V. Shoemaker, A.M., M.D., member of the American Academy of Medicine, gives a history of the origin and growth of the Jefferson Quiz Association, together with a condensed account of six years' experience in medical teaching. It preserves many facts which will be perused with interest by a large body of previous students of that institution. The style is clear and the subject agreeably handled.

——The Twentieth Annual Report of the German Hospital, of Philadelphia, informs us that the number of patients in the Hospital during the past year was 320, being an increase of 16 over those of the previous year; 26 remained over from 1878, and 294 were new admissions. Of these 260 were males and 60 females; 184 were medical and 136 surgical cases. There were discharged, cured, 201; improved, 54; incurable or unimproved, 10; 30 died and 25 remained under treatment at the close of the year. Their nationalities were as follows: Germans, 196; Americans, 80; Russians, 12; Irish, 11; Swiss, 9; Dutch, 3; Bohemians, 3; French, 2; English, 2; and Hungarian and Welsh, each 1. It contains well arranged statistical tables of the cases treated.

——"Our Homes," by Dr. Henry Hartshorne, is the title of the ninth of the series of the "American Health Primers," edited by Dr. W. W. Keen. In the introduction the author points out that the nearer people live to each other the shorter their lives. He then goes on to show how the evils resulting from overcrowding may be best mitigated, and healthy homes procured, even in large cities. The chapters on ventilation and drainage are illustrated by numerous cuts. The last chapter is devoted especially to working men's homes. This book contains a large amount of useful information, and should be read by everybody.

BOOK NOTICES.

The Principles and Practice of Gynecology. By Thomas Addis Emmett, M.D., Surgeon to the Woman's Hospital of the State of New York, etc. Second edition. Thoroughly revised.

With 133 illustrations. Philadelphia, Henry C. Lea, 1880. 8vo, pp. 875. Price: cloth, $5; leather, $6.

When the first edition of this work made its appearance, less than a year ago, it met with a favorable reception from the profession in all parts of the country, and was universally acknowledged to be one of the best treatises on diseases peculiar to women. This edition having been exhausted in a few months, the author has availed himself of the opportunity to thoroughly revise it before bringing out another edition. In the first chapter the author points out the probable unfavorableness of our American climate to animal life, on account of its great changeability, the effect of which is to stimulate the nervous system at the expense of nutrition, thus rendering us restless in mind and body, and liable to dyspepsia, neuralgia, and other nervous disorders. He condemns, in strong terms, the custom of overtaxing, by hard study, the brains of young girls in the developing period, when the full nervous force should be directed toward perfecting the growth of the body, and especially the organs of generation. In the chapter on principles of general treatment he lays great stress upon the importance of attending to minute details, believing that therein lies wholly the success in the treatment of the diseases of women. No material alteration in the general arrangement and in the contents of the work having been made, though several portions have been rewritten and some new matter has been added, it is unnecessary to say anything further with regard to the second edition, having reviewed the first more fully. The book is one of great value both to the student and the practitioner, and will undoubtedly pass through several editions.

The Essentials of Anatomy; Designed as a Text-book for Students, and as a Book of Easy Reference for the Practitioner. By William Darling, M.D., F.R.C.S., Professor of Anatomy in the Medical Department of the New York University, and Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy in the Medical Department of the New York University. New York, G. P. Putnam's Sons, 182 Fifth Avenue, 1880. Cloth, 8vo, pp. 629.

This work, the authors inform us, has not been intended to supplant, but rather to accompany, the more exhaustive treatises. Their aim has, therefore, been to present the *essentials* of human anatomy, so arranged as to render their comprehension easy, even to beginners. For this purpose much of the matter has been tabulated, and a few diagrams have been presented, as a means of impressing particular points. The work is divided into six parts: Osteology, Arthrology, Myology, Angiology, Neurology and Splanchnology. The arrangement is in some parts a novel one; thus, under splanchnology we find that after the organs of generation have been considered, the organs of sight, then the organs of hearing and the mechanism of hearing are taken up, and finally a description is given of the perineum of the male, the parts associated with the operation for lateral lithotomy, and the female perineum. The absence of illustrations renders this book worthless as a textbook for students, without the additional use of anatomical charts or of some of the other textbooks which are well supplied with plates, and we doubt whether surgeons possessing any of the standard works, with the arrangement of which they are familiar, would find this any easier for reference.

The Microscope and Microscopical Technology. A Textbook for Physicians and Students. By Dr. Heinrich Frey, Professor of Medicine in the University of Zurich. Translated and Edited by George R. Cutter, M.D., Surgeon New York Eye and Ear Infirmary, Ophthalmic and Aural Surgeon to the St. Catherine and Williamsburg Hospitals, etc., etc. Illustrated by 388 engravings on wood. Second edition. New York, William Wood & Co., 1880. Cloth, 8vo, pp. 660.

In preparing the second edition of this work, the editor has availed himself of the opportunity to thoroughly revise it, and to make such additions as the rapid advance that has been made in the department of histology since the publication of the first edition would necessitate. Thus, a large amount of new matter and many new illustrations have been added; a bolder-faced type has been used and the size of the page increased. Somewhat more than one-third of the volume is devoted to the elucidation of the theory of the microscope, with a full description of the various kinds in use, and the methods of preparing, staining, mounting, etc., of microscopic objects; the remainder being taken up with detailed descriptions of the appearance in health and disease of the more important constituents of the body. The illustrations are unexceptionally well executed, and the work is one which we can heartily recommend to those interested in microscopical researches. Price lists of microscope makers are appended. The general appearance of the volume is good, and does credit to the publishers.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE RELATION OF COW POX TO SMALLPOX.

The relation of cow pox to smallpox has, for many years, been a subject of controversy. It was believed by JENNER that the two diseases are identical, and that the inoculation of a cow with the pus of a smallpox pustule would produce the disease in the animal. As has been observed by a correspondent of this journal, this is the view also partaken of by FLINT. Were it correct, then the bovine virus obtained by inoculating a heifer with variolous matter would be a proper substance to use in vaccination.

But this course of reasoning is contrary to the most accurate observations, and might lead, some say has already led, especially in England, to disastrous results, by introducing a modified form of smallpox in the operation of vaccination.

An able article on the subject has recently appeared in the *Lancet*, from the pen of the well known veterinary surgeon, Mr. GEORGE FLEMING. He brings forward a train of evidences, both clinical and casual, to prove that human variola and cow pox are distinct diseases of a group of exanthemata allied, but neither identical with horse pox and sheep pox. Mr. FLEMING gives, at considerable length, the results obtained by a committee of the Medical Society of Lyons, in 1865, and by the Commissioners of the French Academy of Sciences, in 1866, who examined this general question under the most favorable circumstances and with great minuteness.

The Academy of Sciences Commissioners conclude their verdict as follows:—

"The experiments, the results of which have been just mentioned—experiments as remarkable by their number as by their distinctness (*netteté*) and concordance—appear, therefore, proper to solve the debatable points in view of which they were instituted. In establishing that vaccinia and variola, notwithstanding the features which assimilate them in animals as in man, are, nevertheless, totally independent of each other; that their viruses form two distinct individualities; that the two affections thus constitute two different, immutable species, which cannot be transformed one into the other; that, consequently, to seek to produce vaccinia from variola would be to pursue a dangerous chimera, which would revive all the dangers of inoculation of bygone days—in establishing facts of such great importance, the experiments directed by M. Chauveau have rendered an incontestable service to science and to medical practice."

Such was the opinion expressed by the Representatives of the Academy of Sciences with regard to the Lyons experiments, and after reading the account of them, and knowing well the very trustworthy character and great professional ability of M. CHAUVEAU, Mr. FLEMING thinks no doubt whatever can be entertained as to the justice of that opinion.

A few years later than this there was appointed an Italian Medical Commission, which carried on similar experiments and investigations at Turin, from 1871 to 1874, and came to the same conclusion that CHAUVEAU did—that human smallpox cannot be converted into cow pox when the virus is transferred to bovines, but always preserves its original character.

With reference to the effect which inoculation of smallpox matter on kine produces, the Commission referred to found, at first, but very little sign of either constitutional or local impression. Some experimenters concluded, as our correspondent in the last number, that cattle cannot

be successfully inoculated with smallpox virus. But other experiments proved this to be a fallacy; and a drawing accompanying the report shows the perineal region of a bull calf, on the left side of which five sub-epidermic variolous inoculations had been made, and the effect of which had arrived at its *summum* of development. There were small, red, slightly prominent papules, from two to four millimetres in diameter, and slightly conical, in the centre of which the inoculation puncture could be distinguished. These papules commenced to develop on the second day, and on the fifth had arrived at the dimensions shown in the drawing. On the twelfth day they had completely disappeared, after furnishing at the seat of puncture an extremely small, darkish crust. This course was not observed, however, in all the inoculated animals; but it was remarked that the deep punctures did not furnish more evident results than the sub-epidermic ones.

Further study of the subject led to a highly important discovery, to wit, that the relations of variola to vaccinia are, in fact, mutually exclusive; that as man when vaccinated with vaccinia lymph cannot contract variola; so cows inoculated with variola lymph, cannot contract vaccinia. Their formal conclusion, therefore, was, that variolization exercises a neutralizing influence on the development of vaccinia; and that the slightly marked eruption, so undecided in character, caused by the inoculation of smallpox virus on bovines, is of a specific nature—in this species presenting, with the cowpox, the same relations that variola and vaccinia do to each other in the human species.

The conclusion, therefore, is irresistible, that animal lymph for vaccination purposes must, in the first instance, be obtained from a cow in which the disease vaccinia has spontaneously arisen; and the supposition is strong that any lymph which has been obtained from a cow which has been either inoculated or vaccinated from matter obtained from a human subject is either inert and worthless, or else positively injurious and dangerous.

Notes and Comments.

Therapeutical Notes.

PRESCRIPTIONS IN DISTURBED MENSTRUATION.

In the Chicago *Medical Gazette*, January 20, 1880, the following formula is recommended as a valuable remedy for scanty, irregular menstruation, when associated with and dependent upon anæmia, neuralgia and neurasthenia:—

℞. Tincturæ ferri chlor., ℥ x
Liquor. potassæ arsenitis, ℥ ij. M.

Sig.—Twelve drops after each meal, through a glass tube, in about one-third glass of water.

From the same source we are informed that the following prescription is specially serviceable in the various nervous manifestations which often accompany the menopause:—

℞. Sodii bromidi, ℥ iv
Tincturæ nucis vomicæ, ℥ ij
Elixir. calisayæ, ℥ ij
Syrupi pruni virg., ℥ j
Elixir. simplicis, ℥ vj. M.

Sig.—Two drachms, two, three, or four times a day, as needed.

BENZOATE OF SODIUM IN ULCERATED SORE THROAT.

Dr. William B. Davis, of Cincinnati, recommends the following formula for ulcerated sore throat:—

℞. Sodii benzoatis, ℥ ss
Syr. tolu,
Aquæ menth. pip., āā ℥ ij. M.

Sig.—Half an ounce every three hours.

CATILLON'S CHLORAL POMADE.

In *Union Médicale*, November 18, 1879, the following formula is given: Chloral six, lard twenty-seven, and white wax three parts, by weight. This is an anodyne ointment which may be substituted for chloroform pomade, remaining active for a longer time, owing to the fixity of the chloral.

BOROCITRATE OF MAGNESIA AS A SOLVENT OF URIC ACID CALCULI.

Dr. Koehler, of Kösten, in *Berliner Klinische Wochenschrift*, November 3, 1879, recommends the above salt in cases of gravel, or probable uric acid calculus. It is prepared by dissolving boracite, a natural borate of magnesia, which is found at Stassfurt, and hence is also called Stassfurtite, in citric acid. It forms a white powder with a sourish taste. He gives it mixed with white sugar (one to two). The dose is a large teaspoonful in half a tumbler of water three times a day.

The Quinine Question.

The Messrs. Rosengarten, of this city, have written an open letter on the quinine question, in which they say—

"To possess an independent domestic supply of quinine is a matter of prime necessity for this country, with its great regions of territory specially subject to malarial diseases. The manufacturers of quinine ask only that measure of protection which is necessary to countervail the tariff and internal revenue taxes on the articles they use and the prevailing low rate of wages abroad. The recent repeal of the duty was made without the report of any committee of Congress, and without discussion in the House of Representatives. The agitation for the repeal of the duty on quinine originated with importers and speculators, and they are the only persons benefited by the measure. A foreign war, or the ravages of disease in Europe or the East, would enable speculators to advance the price to a point which would injure all consumers."

It is claimed by the manufacturers that the plan proposed in the REPORTER, of the Government allowing a drawback equal to the tariff and revenue taxes, is impracticable. We are not convinced that such is the case; but certain it is that the act, as it now stands, injures home production, while it does not, and will not, benefit consumers. We ask our Tennessee friends if their patients get their quinine one cent less than they did before?

A Wonderful Story Refuted.

At a late meeting of the London Obstetrical Society a paper, by Dr. Robert P. Harris (Philadelphia), entitled "A Complete and Authoritative Refutation of the Marvelous Account given by Professor Claude M. Gardien, of Paris, in 1816, to the effect that the Princess Pauline de Schwartzenberg was delivered of a living fœtus some hours after she was burned to death," was read. The author said the story told by Professor Gardien was that the Princess perished from the effects of burns received at a fête given in the house of the Austrian Ambassador, her brother-in-law, on July 1, 1810; that she was pregnant, and the infant was found alive, although she was not opened until the day after the accident. From research among contemporary authorities, the author found that the ball was given in a large temporary wooden building, and the fire broke out soon after dancing commenced. The Princess escaped with others, but rushed back to seek for her daughter, and so perished. In the morning the disfigured remains were recognized as hers by a piece of gold jewelry. Madame Junot writes that "her body, with the exception of her bosom and part of one arm, was burned to a cinder." The *Court Journal* of July 3, 1810, states that the Princess was *four months* pregnant. No mention is made of the case in the medical journals of the time. This story, therefore, which was repeated by Gardien in his third edition, quoted by Velpeau, and has attained general notoriety, is absolutely without foundation.

The Dry Earth System and Earth Closets.

Among recent deaths in England is that of the Rev. H. Moule, who has the credit of having introduced the dry earth system of disposing of excreta in its modern form. It has, indeed, fallen somewhat out of use in the last few years, but many still claim for it the best of results.

For ourselves, we can say that we have repeatedly observed the effects of the use of dry earth in disinfecting excreta, and the various forms of "earth closets" were examined with strong prepossessions in their favor. Finally, however, we have been forced to the conclusion that all kinds are practically failures. We have yet to know any that have given satisfaction. They are troublesome at all times, and frequently offensive.

The Diagnostic Value of Temperature in Intestinal Obstruction.

At a meeting of the Cincinnati Medical Society, March 9, 1880, Dr. John Davis called attention to the importance of using the thermometer in examining cases of intestinal obstruction. He had been once called in consultation, to see a child, eight years old, suffering from this condition of her bowels, which had been considered as a case of simple constipation. Upon applying the thermometer, however, it was found that the temperature was 104° F.: showing that there was inflammation present.

Does Alcoholism Lead to Insanity?

Most physicians would say yes, to this question. In most reports of insane asylums inebriety figures as a cause. On the other hand, Dr. Joseph Seaton, an English author of repute on mental affections, writes to the *Lancet* as follows:

"I have now been specially engaged in the treatment of mental affections for a period of some thirty-six years. In the course of my practice I have met with many cases of insanity in which

there was the propensity to take stimulants in excess; but in every case in which I had the means of obtaining reliable information as to the history of the patient, I have been able to trace the mental disease as existing before the intemperance."

Cold Air as an Antipyretic and Antiseptic.

The *Allegem. Méd. Central-Zeitung*, February 7 and 11, 1880, contains a very interesting article on the above subject, by Dr. Von Kraczorowsky, who was first led to regard cold air as a valuable agent in the treatment of febrile diseases by the following incident:—

Toward the end of the smallpox epidemic of 1871, during the month of February, in a temperature of about 12° R. (5° Fahr.), a male patient, twenty-three years of age, in the beginning of the suppurative stage of confluent smallpox, jumped, during the night, while delirious, from a first-story window down on the street, where he wandered about in his night clothes until picked up by the police and brought back to the hospital. The next morning he was entirely free from fever; the pustules which the day before had been distended with lymph were now depressed and began to dry, and the patient was considered convalescent. A short time afterward two women, one of them of intemperate habits, covered with hemorrhagic variola, and apparently in a moribund state, had, under similar circumstances, left the ward and passed the night on the cold brick floor of a hall, the temperature of which was below the freezing point. Both recovered rapidly.

Although none of the other patients were found willing to expose themselves directly to the frost, the author determined at least to leave the windows open night and day, and allow no more fire. By this procedure the temperature of the wards was kept at about 6° R (46° Fahr.) and although the patients revolted against these measures, there was only one more death, an old man of seventy.

Encouraged by this powerful antipyretic effect of cold air, the author next determined to use it in scarlatina. The patients were only covered with a thin linen cover, they were sponged every two or three hours with a solution of glycerine (one to three) and were given, every half-hour, a three-per cent. solution of chlorate of potassium, with good nourishment, milk, wine, etc. Out of forty-seven patients treated in this way, only one died from secondary nephritis complicated with pericarditis. The fever would leave on the third, and the rash begin to fade on the fourth day.

In the treatment of erysipelas excellent results have also been obtained by exposing the patients to a low temperature, while at the same time the skin surrounding the affected part has been freely rubbed in with carbolic acid and ol. terebinth, (one to ten).

The author has also employed the cold-air treatment, with similarly happy results, in typhoid fever, pneumonia, pleuritis, cerebro-spinal meningitis, rheumatism, and also in chronic pulmonary affections; as, pulmonary gangrene, bronchitis, and in the hæmoptysis of phthisis.

The lowering of the bodily temperature under this treatment is not so sudden as that produced by cold baths, nor have cough and other troublesome symptoms been known to result from it, even when the patient has been lying directly in the draught, during a severe snow storm. On the contrary, fever patients feel comfortable in a room where there is no fire, and where all the windows are left open. The author has never succeeded in reducing the temperature of the sick room below 4° R. (41° Fahr.). The lowering of the bodily temperature is also less rapid under this treatment than that produced by cold baths; as soon as it becomes normal, the patient is removed to another room, which is then gradually heated. The author gives the history of a large number of cases.

Local Faradization in Impotence.

Dr. Ultzmann, of Vienna, gives, in a reprint from the *Wiener Klinik*, a discussion of the neuroses of the genito-urinary organs. In the treatment of these troubles he teaches that electricity plays an important part. Faradization, he says, of the bulbo-cavernosus and ischio-cavernous muscles is a useful proceeding in impotence. It is best effected by using one of the electrodes internally, in the rectum, while the other may be placed externally.

The Use of Turpentine in Cancer.

That such a familiar substance as turpentine should be found of value in cancer is somewhat surprising. Nevertheless, Dr. John Clay, of Birmingham, England, relates, in the *Lancet*, March 27th, several cases in which Chian turpentine, freely administered, thirty to sixty grains a day, really seemed to modify favorably the disease as it appeared in uterine schirrus and epithelioma. He thinks he can safely assert that when the remedy is steadily used for some time

it arrests the progress of the disease and relieves the pain incidental to the malignant growth. Certainly, if it will accomplish this the discovery will prove one of the highest importance in therapeutics.

Hydrate of Chloral in Acute Gastro-Enteritis of Children.

Prof. Adolph Kjellberg writes, in *Nordiskt Medicinskt Arkive*, vol. xi, No. 3, that there is no medicine which is of so much use as chloral in checking the vomiting in acute gastro-enteritis of children. Being rapidly absorbed it stops the vomiting, calms the patient, and often checks the diarrhœa. It is best given by enema, so as not to risk its rejection by the irritable stomach. It should be given soon after the bowels have been moved. The dose for a child of from five to six months is twenty-five to thirty centigrams (three and a half to four grains), while to a child of from twelve to fifteen months, fifty to sixty centigrams (seven to eight and a half grains) may be given. The bulk of the injection should not exceed a dessertspoonful. The enemata may be repeated two or three times daily, and the dose may be increased if it is found necessary. In order to increase the effect of the chloral the author generally adds to each enema a drop of the tinct. opii, and if stimulants be indicated, five to fifteen drops of liq. Hoffman. At the same time other remedies are not neglected; iced water, or cognac, or champagne for the vomiting, opium for the diarrhœa, hot mustard baths for albuminuria, should it occur, stimulants for collapse, etc.

The Value of Revaccination.

The *Medical Times and Gazette* informs us that while smallpox is prevailing extensively amid the civil population of Paris, so as to give rise to seventy or eighty deaths weekly, it is almost absent in the large military force which constitutes the garrison. This is entirely due to the rigidity with which revaccination is enforced. It is stated that there are not more than twenty cases in the military hospitals, most of them being only examples of slight varioloid, and no deaths having occurred. Every year for some time past revaccination is enforced on the arrival of the contingents; and a great number of men have been revaccinated this year in whom revaccination did not succeed last year. Every revaccination is performed from children's arms, whose parents are paid fifteen francs per sitting. What few cases of smallpox do now occur take place among the officers, or in obstinate or timid men who manage to evade revaccination.

Correspondence.

Veratrum Viride in Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

I was sent for on the 1st inst., to see Linda James, colored, 19 years of age, primipara, of medium size. She had suffered pains during the previous night, which were very severe when I saw her. She had general anasarca. Her feet, hands and face were tense, from the effusion. Quick, small pulse, and dilated pupils. Complained of headache and thirst. Made a vaginal examination and could not reach the mouth of the womb; examined her urine and found it heavily loaded with albumen; quantity of urine scant and highly colored. I bled her, to the amount of a quart, and the pains subsided in a few hours. She was directed to take the following:—

℞. Infusion digitalis, ℥iv
Acetate pot., ʒss. M.

Sig.—Tablespoonful every four hours during the day.

She also had laxative doses of bitartrate of potassium, every day. The swelling was reduced rapidly, and she progressed finely until the medicine was exhausted. As the prescription was not continued, from neglect on the part of the patient, the dropsy returned and her bladder became irritable, and there was a very scanty secretion of urine. On the 6th I was again sent for and found her in convulsions. Before anything could be done she had the second convulsion, which lasted for ten or fifteen minutes, after which she was comatose. I let her inhale a small quantity of chloroform, to quiet the convulsions, and again bled her, to the extent of 16 ounces. On making a vaginal examination the os was found dilatable and about the size of a nickel. Pains slow and of short duration. She remained comatose for the space of an hour, when symptoms of convulsions again returned, and I immediately injected, hypodermically, three drops of Norwood's veratrum viride. Her pulse, which had been rapid since the bleeding, gradually became slow and full, and the muscular twitchings ceased. Labor advanced tediously, with occasional symptoms of convulsions, which were controlled by a repetition of the injections of tincture of veratrum viride. The veratrum was repeated about every two or three hours, until consciousness returned, and all symptoms subsided.

About six hours after the last dose of veratrum viride had been given and the muscular twitching again appeared, chloroform was administered, for the purpose of controlling an anticipated return of the convulsions, and to deliver her by the forceps, as the head had descended and engaged, and the pains, though vigorous, were ineffectual. After delivery by the forceps she was comfortable and cheerful. The convulsions never returned. Her bladder was emptied

several times during labor, by the use of the catheter, and urine examined. The quantity of albumen had increased. She has, since delivery, been passing large quantities of limpid urine, and the dropsy has subsided. The child was born dead. Her pelvis was not roomy, and a great deal of force was necessary to deliver. It is possible that the amount of force used was sufficient to destroy the child's life during delivery. The successful use of veratrum viride in this case in controlling anticipated convulsions has prompted me to report it. The detection of albumen in large quantity in the urine is sufficient evidence, in connection with the resulting anasarca, of its being a case of acute Bright's disease, complicating the puerperal state, and the prime cause of the convulsions.

W. N. Ames, M.D.

Starkville, Miss., March 12, 1880.

A Case of Early Viability.

Ed. Med. and Surg. Reporter:—

The following is a case of considerable interest:—

Mrs. M., aged 16, married, fell down stairs during the fifth month of her first pregnancy, causing fœtal death. The symptoms following not attracting the attention of the lady herself or her husband, no physician was called until three weeks later, when abortion took place, the fœtus being almost entirely disorganized.

About two years later Mrs. M. became pregnant again. December 8th, 1878, was taken in labor, without any exciting cause. She was then in about the last of the fifth or first of the sixth month of pregnancy; in due time delivery of a female child was accomplished. The case being attended by a midwife, and she considering it one of abortion, simply folded the child in a flannel blanket and laid it away, thinking it unnecessary to direct immediate attention to what she supposed to be a lifeless child. Twenty-five or thirty minutes had elapsed, and the little stranger had not as yet received any further attention, and becoming somewhat impatient, endeavored to let its fellow creatures know that there was another living being in the world, by giving a "yell," which was very feeble, but sufficient to attract attention; but still the attending midwife and assistants were disinclined to be bothered with such a speck of humanity, thinking it impossible for life to be maintained longer than a few minutes at the most; yet she was earnestly requested by the parents to attend to her duties, any way. Thereupon the midwife proceeded to dress the child, which was already breathing.

Respiration continued day after day; food was administered drop by drop, though muscular action was almost invisible, until about the third month; the eyes now opened, and sufficient strength was gained to take the breast and cry a little. Up to this time this delicate little being had been nursed on a soft pillow; great care was taken to support the head, owing to the cranial walls being cartilaginous and very elastic. The child, from the third month, nursed regularly, and seemed to grow faster than before. Its length at birth was about nine inches and weight one and a half pounds. At this writing she is fifteen months old. The anterior fontanelle is larger than is usually found at birth, and pulsations are visible at that point; she has never had any sickness of any consequence; can begin to walk. Weighs nineteen pounds, and seems to have as good a hold on human life as most children of her age.

Viability at the expiration of the fifth month, in this case, seems to be authenticated by the following facts:

1st. Menstruation not having ceased over five months previous to the birth of the child.

2d. The size and weight of the child at birth.

3d. Cartilaginous condition of the cranial bones.

4th. Abortion having taken place at the expiration of the fifth month in previous pregnancy.

King's Mountain, Ky. J. H. Moore, M.D.

News and Miscellany.

A Criticism Upon the National Board of Health.

At a meeting of the Georgia Medical Society of Savannah, held March 23, 1880, the bills now before Congress to increase the power of the National Board of Health were discussed, and as it is contrary to the By-laws of the Society to pass resolutions upon matters of a public nature, it was decided that a paper be prepared expressive of the views of the individual members, to be signed by them and presented to the City Council, Cotton Exchange, and the people of Savannah. In accordance with these instructions, the following was offered:—

We, the undersigned, members of the Georgia Medical Society, view with apprehension the extraordinary and dangerous powers proposed to be conferred upon the National Board of Health by the bills introduced in Congress by Hon. Messrs. Harris and Young, and also that proposed by Mr. Acklen. The first section of Mr. Harris' bill provides "That the National Board of Health, or in the interval of its sessions its Executive Committee (of five), shall report to the President of the United States, whenever any place in the United States is considered by it to be dangerously infected with contagious or infectious disease, and that upon the official publication by the President of such report, the transportation of goods or persons from such place into another State shall be unlawful, and all persons guilty thereof shall be liable to prosecution therefor in the Circuit or District Court of the United States for any district within which such goods or persons shall be transported, and any goods so transported shall be liable to be seized and destroyed, unless such transportation shall be carried on in accordance with rules and regulations made by the National Board of Health and approved by the President, as in other cases. These rules shall apply until the President shall proclaim such place no longer dangerously infected, and in the meantime the Board, or its Executive Committee, shall report to him weekly, in writing, the sanitary condition of the place in question."

Mr. Acklen's bill provides for the establishment of quarantine stations upon all the avenues of approach to any place declared to be infected,

upon information furnished by the National Board of Health, at which points all freights or persons and their vehicles of transportation, if starting from or destined for a point beyond the borders of the State, shall be inspected by the agents of the National Board of Health, and after they shall have been declared by such agents free from infection, any person or authority whatsoever who shall interfere with the free passage of such person, freight or vehicle of transportation, on the charge that they are infected or dangerous to the public health, shall, on conviction before a United States court, be fined one thousand dollars and imprisonment one year.

We consider the provisions of these bills as dangerous, revolutionary and useless, should they become laws. We protest most strenuously against conferring such extraordinary powers upon any National Board of Health, believing that such powers could be used to destroy our commerce and liberties, and are subversive of the rights of States.

We earnestly appeal to the municipal authorities, the merchants and the public of Savannah to unite in a protest against the enactment of such laws. We would further suggest the holding of a convention, in which all of the Atlantic and Gulf States should be requested to participate, in order to frame a bill wherein our common weal should be explicitly provided for.

This was signed by twenty-one of the members and seven other physicians practicing in Savannah, and also by twenty-four members of the Cotton Exchange.

Saving Time.

Dr. Clemenceau, the eminent French physician and member of the Legislature, is remarkable for his quickness in the despatch of business. Two men entered his consulting room simultaneously the other day. The first, in reply to, "What is the matter?" said he had trouble in the chest, and was ordered to take off his shirt. While prescribing the Doctor ordered the other visitor in and said, "Just take your shirt off, too; it will save time." He immediately did so, and, by the time the Doctor had written the prescription for the first man and received his fee, he was stripped to the waist. "You are suffering from pain in the chest too, are you not?" "Well, no," said patient No. 2, "I come to beg you would recommend me for a place in the Post Office."

Brooklyn Anatomical and Surgical Society.

The third semi-annual course of Monday evening lectures and demonstrations is now in progress. Among the subjects are: The female Perineum—its Anatomy, Physiology and Pathology, by Prof. T. Gaillard Thomas; Litholapaxy, by Prof. Edward L. Keyes; Anatomy and Physiology of the Spinal Cord and Motor Tract of the Cerebrum, by Landon Carter Gray and by Prof. Edward C. Seguin; Deformity from Fractures involving or approximating the Elbow Joint, by Dr. Oscar H. Allis, of Philadelphia; Clinical Anatomy, by Prof. William W. Keen, of Philadelphia, etc.

QUERIES AND REPLIES.

Ethics, of N. J.—1. In asking a neighboring physician or one in the same town to assist in an operation—to give the anesthetic, or any other duty—what should his fee be, or should he give his services as a friendly or brotherly act? 2. When one physician asks another to consult with him, either for his own benefit or that of the patient, and where the patient or his friends have not asked for a consultation, should any fee be asked, offered, or given?

Ans.—1. As a friendly act. 2. No; the patient or friends should, at the request of the attending physician, give their assent to the consultation.

T. S. S. writes: I want to relate a case to you, and ask if you or any of your many readers have met with one which was parallel. L. D., colored, aged fifty-three years, youngest child fourteen years old. She ceased to menstruate eight years ago, or at the age of forty-five years; has a grandchild whose mother did not give any milk, from ill health. The old negress, in order to quiet the grandchild, applied it to her own breast occasionally. In a few days her breasts began to enlarge and furnish milk, and she nursed it from her breast, with a bountiful supply, from the time it was two weeks old until over a year, and when she weaned it was giving a sufficient quantity of milk to have sustained it. I know this to be the case, and hundreds can testify to the same.

Ans.—There are several similar cases on record, and some of virgins, and even men, nursing infants, the application of the child to the breast being often a sufficient stimulant to produce a flow of milk.

J. N. P. says: I have a case of articular rheumatism (chronic). The patient uses a room in which there are a hundred and fifty dressed and filled birds, varying in size from a humming bird to the white crane, for warming and sitting purposes. The birds have been dressed with arsenic dressing, of which there has been about five pounds used. The room in which the patient sleeps is adjacent, and the door opens close to the dressed birds. It has been a question with me if the arsenic used in the preparation, together with the confinement, does not have something to do with the disease. Will some of your readers favor me with their opinion?

Pruritus asks: What is "winter itch," and what is the most successful plan of treatment. I am a victim, and find it a most distressing affection. When the weather is cold, after being out a little while, the itching commences as soon as I am warmed, and at night I become almost wild with the itching and burning. No eruption, except that produced by scratching. It is not present at all in summer. Will your readers please give me the benefit of their experience, and oblige.

Ans.—The writer evidently suffers from pruritus hiemalis, a monograph on which has been written by Dr. Duhring, of this city, to which he is referred.

MARRIAGES.

BOWEN—MONTAYNE.—On March 17th, 1880, at the residence of the bride's father, by the Rev. T. P. Conlston, George W. Bowen, M.D., and Miss Annie Montanye, all of Frankford, Twenty-third Ward, Philadelphia.

DEATHS.

MURDOCH.—At Pittsfield, Mass., March 8th, 1880, at the residence of his son-in-law, Dr. W. E. Vermilye, Carey Murdoch, for many years a resident of New York city, aged 79 years.

THE

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Original Department.

Lecture.

TREATMENT OF GONORRHŒA.

A Lecture delivered at the College of Physicians and Surgeons, New York,

BY DR. WEIR.

Reported for the Medical and Surgical Reporter.

During the acute stage of gonorrhœa we can do but little locally. The urine is to be rendered alkaline by the administration of sod. bicarb. or liq. potass., and it is not until the second or third day that it will be proper to give anti-blenorrhagics. Diday and the French school of syphilographers recommend that a much longer interval should elapse, of two, or even three, weeks, before the administration of these remedies. "Wait," they say, "until the clap is ripe." If some of the discharge be taken between the thumb and finger, and when these are separated, stretches between the two, as a somewhat tough and ropy filament, an inch in length, then they say the clap is ripe, and that is the time for active treatment. In this country, however, and in England, we do not allow so long a period to elapse before administering our remedies.

When you have decided that it is proper to use anti-blenorrhagics, you will have many to choose from; but remember that they all exert their influence on the inflamed mucous surface by being brought in contact with it through the medium of the urine, being eliminated from the body by the kidneys. The principal anti-blenorrhagics are the balsam of copaiba, powder of cubebs, sandal-wood oil, and one other which has recently been brought into notice, gurjun balsam. This latter remedy has been highly spoken of in Paris, and is well worth a trial, as it is not offensive to the stomach and has not the tell-tale odor of the other remedies. You will then choose one or other of these remedies and administer it in some combination, such as the Lafayette mixture, giving of the copaiba from fifteen minims to two drachms in the course of the day, or of the oil of sandal wood fifteen minims to half a drachm, three times a day; of the gurjun balsam half a drachm three times a day. Often you will get a better result by alternating the drugs, giving, for instance, the cubebs in the morning, and copaiba or sandal oil in the evening. One thing you must remember, and that is that all these remedies which I have mentioned are liable to affect the kidneys, so as to give rise to great pain in the loins, and change the character of the urine, which becomes dark-colored, and in which you may discover blood corpuscles with the microscope. Eruptions of urticaria and erythema may also be produced by these drugs, arising from the disturbance of the stomach which they excite. When such accidents as these occur, you must stop your remedy. In the case of the eruptions, you may apply a solution of sod. bicarb., which is excellent for all such inflamed surfaces; indeed, it is one of the best applications for a burn. You will also give it internally. The administration of iron is not to be neglected in cases of gonorrhœa. Your patient may become anæmic, perhaps, from the disturbance of digestion which your remedies may produce, or from too rigid a diet. Do not allow him to run down; if you do, you may not cure his clap. During the last years of his practice, Dr. Bumstead told me that he administered these anti-blenorrhagic remedies less and less, as he

thought they did little good. I myself use them, perhaps, less than he did, certainly less than formerly, as their efficacy is often doubtful, while they certainly disturb digestion, and by their odor tell tales which the patient would prefer kept secret. They belong to the stage of gonorrhœa, rather than that of gleet. If you get no good results from them in a week, stop their administration, as they are useless. Assuming, then, that four or five days have passed, that the ardor urinæ has ceased, the chordee less frequent, now comes the time for injections. Many different substances have been used, but there are three salts which head the long list and comprise in themselves the remedial excellencies of all. These are the sulphate and acetate of zinc and the nitrate of silver. These are emphatically the best. The first two mentioned are about equal in efficacy, and these you will use most commonly, the strength of the solution varying from two to three grains to the ounce. For purposes of injection the best syringe is perhaps that of Sigmund, which has practically no nozzle at all, the barrel of the syringe simply tapering down at the end so as to just fit the meatus. A syringe with a long nozzle, such as is ordinarily sold, is not proper, as the end of the nozzle rubs against the inflamed urethra and adds to the irritation there, besides being painful. What is wanted is a nozzle that will just enter the canal and no more. There is a syringe called the Peerless syringe, which is made of glass but has a soft rubber nozzle. This is a very good one, as the meatus cannot be injured, and as the soft nozzle will exactly fit any ordinary bottle, the syringe may be filled, the bottle being turned upside down, without spilling a drop of the solution.

Before injecting, the patient must pass water, to get rid of the discharge as far as possible, for you do not want to force it into the deeper portions of the canal by the injection, and so extend the disease. Then do not direct too much to be thrown in at once. Remember that the capacity of the urethra is only six to eight drachms. You will not need, therefore, more than half an ounce, as you do not wish to throw the solution beyond the compressor urethræ muscle and into the prostatic urethra. Let the injection be made slowly and carefully, and allowed to flow immediately out the first time, as the urine which wets the walls of the urethra may decompose the injection, especially if it is one of nitrate of silver. Then a second injection being made, is to remain in the canal two or three minutes. The patient must rub the solution up and down in the urethra, so that it may come in contact with the lacunæ and follicles. This is to be done by pacing a finger up and down over the urethra. The injection when so used should not give rise to much pain. It should occasion only slight tingling and smarting, which should last only for a minute or two. If the pain is severe, direct the injection to be diluted one-half with water. At first your patient is to use the injection only three times a day, but if it is well borne it may be used after each act of urination. An injection ought not to be made just before the patient goes to bed, as it is liable to bring on an attack of chordee. It ought to be used an hour before going to bed. These zinc salts will answer every purpose, yet there are other preparations which it is well you should know, so I mention them here. There is Ricord's formula, which is famous, and much used by men about town. It is as follows:—

RICORD'S INJECTION.

℞.	Zinci sulph.,	grs. xv
	Plumbi acetat.,	grs. xv
	Aquæ rosæ,	℥ iij.

Then there is the injection Brou, which is a French proprietary remedy, the ingredients of which, however, are pretty well known. In France the Government demands that the formula of every secret proprietary remedy shall be deposited with it for record, promising, at the same time, that it shall not be divulged. Somehow these things do leak out, and this is pretty nearly the formula of the injection Brou:—

INJECTION BROU.

℞.	Zinci sulph.,		grs. viij
	Plumbi acetatis,		grs. xv
	Tinct. catechu,		℥ j
	Tinct. opii,		
	Aquæ,	ãã	℥ iij.

I have in my hand a bottle of injection put up according to this formula, and you see it differs very little from the proprietary remedy which I now show. Then there is the "matico" injection, named, I suppose, on the lucus a non lucendo principle, for it contains no matico at all. This is the formula:—

"MATICO" INJECTION.

℞.	Zinci acetat.,		grs. vj
	Morph. acetat.,		gr. j
	Tannin,		grs. iij
	Aquæ aurant. flor.,		℥ j
	Aquæ,	ad	℥ j.

This is quite a strong solution, as you will see, containing no less than six grains of the zinc salt to the ounce. Such strong injections as this are useful when there is a chronic urethritis existing, the remains of a declining gonorrhœa,

where the discharge is muco-purulent in character.

Kava-kava is a remedy which has been used a great deal lately. One drachm of it should be added to a pint of boiling water, and the whole quantity taken per orem during the day. It causes an increase of urine and increased scalding, but is said to cure in forty-eight hours. Nitrate of silver answers very well sometimes, especially in those chronic cases where there is a slight mucous discharge seen only in the morning. You may commence with a mild solution of half a grain to the ounce, and increase it to five grains to the ounce, which I never exceed. This solution may be applied to the deeper parts of the urethra in case the ordinary manner of injecting fails. To do this you must make use of a long-nozzled catheter syringe.

There are various complications which may arise during the course of the gonorrhœa, and it is necessary that you should be acquainted with what they are, in order to recognize and treat them when they occur. The whole urethral canal is, as you know, studded with follicles. There are one or two of large size, especially on the roof of the urethra, near the meatus.

The inflammation of the canal may extend into these follicles. Then the mouths of the follicles becoming plugged, the products of inflammation accumulate within the closed sac, and you have, as a result, a follicular abscess. There is another kind of urethral abscess, which, although it often commences in the follicles, does not confine itself there, but spreads into the cellular tissues adjoining, and results in a phlegmon. This abscess you are to open in the median line. It is not often followed by fistula, and is most frequent just below the frænum and at the peno-scrotal juncture.

Sometimes there will be a lymphangitis of the finer or coarser lymphatics on the dorsum of the penis, when you will be able to trace them toward the pubes, as a hard cord in the median line.

Occasionally the glands in the groin become inflamed, and may suppurate, but this is the result, usually, of a sore, although it sometimes follows a simple gonorrhœa.

This lymphangitis does not require much treatment. You may order a lead and opium wash to the parts, and enjoin rest. Sometimes you will meet with an inflammation of Cowper's glands, which are situated directly against the triangular ligament on either side of the urethra, with their ducts running into it. They correspond to the glands of Bartholini in the female. When they take on inflammatory action, one is more apt to be involved than both, although they may both become inflamed. Then they may be felt on either side of the median line, in the perineum, as two little hard kernels just posterior to the scrotum. The resulting abscess will open in the perineum. A more serious complication than any of these I have mentioned is swelled testicle. Your patient will complain of stinging pains in the scrotum. The testicle will become tender and commence to swell. The tenderness and swelling rapidly increase, and the patient takes to his bed and sends for you, very quickly. There may be vomiting, fever, and considerable constitutional disturbance, and the pain and swelling may extend upward on the spermatic cord to the external ring. Indeed, should this accident occur where your patient had an undescended testis, you would have all the symptoms of strangulated hernia. Of course, the testis would be absent from the scrotum in that case, which would guide you to a correct diagnosis.

This has been called a metastasis of the inflammation, but I am of the opinion that it is communicated to the testicle from the prostatic portion of the urethra through the vas deferens. What makes me think that this is rarely a true metastasis, as does occur, for instance, when an attack of mumps leaves the parotid gland to reappear in the testicle, is the fact that we have such clear indications of the inflammation passing along the vas deferens. Sometimes we have an intense peritonitis, having for its starting point the vas deferens; also abscesses in the iliac fossa, from some cause, and sometimes the cord itself is involved, although its fibrous tissues usually exert a protective influence. Now, if an epidymitis such as I have described were to occur on both sides, through a thickening of the tissues and consequent plugging up of the vas deferens, sterility might result. Such cases do occur. Should you have such a case, or find that both ducts were plugged up by testing the spermatic fluid and finding it destitute of spermatozoa, or discover a hard knot in the epididymis, do not be in a hurry to tell your patient that he is sterile. You can hold out a certain amount of encouragement to him, as sometimes, by the use of the oleate of mercury locally, conjoined with the iodide of potash internally, you may produce an absorption of the inflammatory products. Where the globus minor is involved the case is more discouraging, for there the main channel from the testes is blocked up; whereas, should the exudation be confined to the

globus major, some portions of the seminiferous tubes might still remain uninjured. In former years, at the New York Hospital, this acute epididymitis used to be treated in this way. The patient was directed to stand up, and then the scrotum, on the affected side, was bathed with hot water, to distend the veins, which were then pricked with a knife. When sufficient blood had been drawn the patient was allowed to lie down. Now, this was, I assure you, excessively painful, and I do not like this treatment. What I prefer is the application of a tobacco poultice. This is to be put between two thin pieces of muslin and applied to the affected side of the scrotum, which is to be supported by a handkerchief, folded three-corner wise, and attached to a bandage tied round the waist.

There is another plan of treatment which is excellent, and consists in the application of ice to the testicle. This is Diday's treatment. A bladder is to be filled with ice and placed on top of the testicle, with a second bladder at the side and another underneath. None of them, however, are to touch the skin, but a handkerchief is to be interposed, otherwise the sensation of cold will be unbearable. A towel must also be placed on the thigh, so that the bladders may not touch it, otherwise they will cause intense pain by producing a neuralgia of the anterior crural nerve. Air will accumulate in the bladders, as it is released by the melting of the ice, and will render them unstable and liable to slip about. They must then be opened and the air squeezed out. This may be necessary for two or three times. If this treatment does no good in the course of twenty-four hours, abandon it. For the high fever you may give aconite, and for the pain, opium. I must not omit to mention a remedy which has much credit in some quarters. It is the use of iodoform ointment, ʒj to ℥j of cerate, smeared over the scrotum, which is then covered with oiled silk.

For the dispersion of the exudation, I have already mentioned the use of the oleate of mercury locally. This is not, however, to be used of full strength, as it will produce a disagreeable pustular eruption on the scrotum. It is to be used, diluted with olive oil, in the proportion of one part to six. Strapping the testicle has been recommended, but it is a painful procedure and requires frequent renewal, as the instant the strapping becomes at all loose it ceases to be of service. Applications of hot water, when the acute inflammation has subsided, are of benefit. The testicle must, of course, not be allowed to hang down, but is to be kept suspended. For this purpose, Rawson's Army Bandage is the best.

Communications.

ON MEMBRANOUS ENTERITIS.

Paper read before the Northern Medical Association, February 27th, 1880,

BY ROBT. J. HESS, M.D.,
Resident Physician, Northern Dispensary.

The patient whose history I desire to bring before the Association to-night is a married woman, aged 32, who presented herself at the clinic of the Northern Dispensary in October last, with symptoms pointing to some uterine trouble, which, however was found, upon careful examination, to be secondary to another in importance, although adding greatly to her misery.

The history of the complaint, which I gained by close questioning, is substantially as follows:–

She was married in 1877. In May, 1878, she had a miscarriage, at six and one-half months. In February, 1879, she had a child at full term. For four months previous to this confinement she suffered from constipated bowels, for which she habitually took "Hamburger tea." It gave her at first one passage a day, but the stools were slimy, curdled and hard, and she became more and more constipated.

After this confinement she again suffered from obstinate constipation and dyspepsia, and became jaundiced; was very dizzy at times, and had double vision.

Upon consulting a physician, she was given pills which contained as a principal ingredient podophyllin. I do not remember the exact amount of this or of the other articles in the prescription, but my impression at the time was that they were harmless, and formed a mild laxative pill. The third week after her confinement she began to take one pill every night, as she said, "only one every night, for six nights."

These gave her three or four stools of a green-like garlic color, and of a very offensive odor. They gave her considerable irritation, and as a consequence she had blisters all over the inside of the mouth. Her physician ordered her to stop them.

She continued to have at times a thin, greenish discharge, and suffered greatly from colic. To relieve this condition she began to take regularly one teaspoonful of baking soda, dissolved in a quart of water, in four doses in the morning, and the same quantity in four doses in the evening, continuing it two or three weeks.

This gave her, at first, a little operation, then more and more. The discharges became thinner and thinner, until they could no longer be retained. Then on the fourteenth day of April, for some unaccountable reason, she stopped the soda, and at bedtime took, in one dose, three of the pills previously ordered for her.

The next morning, upon going to stool, she noticed "a long piece of slime, perhaps a foot long, which, under water, looked like thick skin. At each end was something which looked like the gall of a chicken." This did not entirely pass from her, so she pulled it away. She had three or four passages that day. According to her statement, she was then directed by her physician to take two of the same pills daily, with the desirable object, as she said, of preventing the sides of the intestines from growing together. She took them as directed, for five or six weeks, with two or three passages every day, and every passage containing great quantities of shreds and flakes, or as she called them, very appropriately, from their appearance, "skins." In a single day she sometimes passed "as much as would fill a large jar," meaning, of course, when floating in water. Some of these looked like tripe, but were not so thick. Sometimes there were long pieces, "as thick as leather in places." Some were gray in color, some light-red. She never passed any blood. While taking the pills she had, two or three times a week, vomited bilious matter, but she never vomited her food. She always complained of having a ravenous appetite, and said that she ate too much. She had, occasionally, in her stools, blackish lumps of greasy material combined with a greenish fluid. She suffered very much from flatulence. The stools were always offensive, and had the odor of decayed meat. She appeared to know when the shreds would become loose. She would feel them moving along in their entire course through the intestinal tract. She would have great itching of the skin, tearing and twisting sensations in the abdomen, with colic and tenesmus, and a rumbling and gurgling sound in the bowels, like water running into an empty bottle. This would last until the skins passed from her, when she would feel greatly relieved and remain comfortable for some time.

After stopping the pills she continued to have every day, for three or four weeks, one or more passages, and always more or less of this material. Sometimes there were large masses of thick skins. She was never confined to bed. On the contrary, she could not remain in it, on account of her "uneasy feelings."

After a while she became again constipated, and the general uneasiness and colic increased. To add to her troubles she became pregnant about this time. She was more anxious about herself. Her visits to the Dispensary were more frequent, and, as I learned since, from her friends, she became most variable and irritable in her temper, quarreling with her neighbors and with people who had befriended her, made herself disagreeable to every one who had anything to do with her, and manifested, at times, a moroseness and dejection almost amounting to melancholia. She was ordered turpentine injections, which gave relief for one week. Treatment directed toward her general condition, with assurances that she was not likely to have a permanent obstruction of the bowel, calmed very much the nervous symptoms, which apparently were about to supersede all the others in importance.

At about seven months she miscarried, seemingly without any great harm to herself. Since this time I have seen her but once, the discharge of membrane continuing.

The patient is thin, somewhat emaciated. The complexion is muddy and tinged with blotches of a darker color. The skin is dry and unhealthy. At times there is some hectic shown by the flush upon the cheek and an increased brilliancy of the eyes. The circulation is languid.

Although the patient is debilitated somewhat, and has great anxiety, consequent upon the chronic nature of her disease, although rest and sleep are much disturbed, yet, aside from these inconveniences and the pain of her sickness there is no very marked nervous disorder, such as *hysteria*, hypochondriasis, convulsions, chorea and partial palsy, mentioned by Da Costa as occurring in some cases.

The uterine disorder was among the first symptoms for which the patient was treated. The external os presented such a raw and inflamed appearance that we were of the opinion that the material which she brought so frequently to show us must be a desquamation from it. There was a ropy, tenacious and translucent fluid thrown off from the os externum, and there was epithelial abrasion of both anterior and posterior lips.

This case afforded me so much thought, and appeared to be such an isolated one, that I concluded to present it, with such remarks as I might be able to make from the limited experience which a single opportunity affords, for until within a week I was aware of but a single other case which had been reported. I was, therefore, left to my own resources and such knowledge of

the pathological condition as I could gain from the text-books, which treated of it only in a general way.

The subject is worthy of closer study and clinical observation. I believe the problem can only be solved by pathological examination.

Previous writers had mentioned, incidentally, the presence of these deposits, and variously estimated their significance, but I believe that Da Costa was the first to regard its claims as a special disease.

In volume 7, page 36, of the Proceedings of the Pathological Society of Philadelphia, there is a report of a case so similar to the one I have given, that I shall read it, surmising that most of you have forgotten it. It was presented by Dr. De F. Willard, June 28th, 1877.

In looking up the subject, I find that Da Costa, in the *American Journal of the Medical Sciences* for October, 1871, in an article of great length, treats the subject in his usual masterly way, and leaves but little more to be said in regard to it. He defines it as "a painful and obstinate affection of the intestines, in which membranes or skins are voided."

From the quantity of these membranes discharged, we should naturally infer that a large surface furnished them, and would most naturally look upon them as products of inflammation.

Da Costa says, *loc. cit.* "The disease under consideration affects the colon preëminently."

That the rectum in this case was involved, and was inflamed, was proved by digital examination. It revealed a catarrhal condition, with great tenderness and heat. Symptoms pointing to each division of the intestinal tract were shown.

Leube says, page 374, vol. vii, Ziemssen's Cyclopædia: "*Colitis*, which is the most common form of intestinal catarrh, manifests itself by colicky or more continuous localized pains, and diarrhœa, with discharge of mucus, pus, and perhaps, also, the above-described cylinders of mucus, which are probably formed in the large intestine. In *chronic* cases, in which the symptoms correspond, upon the whole, to those of chronic intestinal catarrh, as generally described, there is usually an alternation of constipation with the diarrhœa; besides which the patient suffers also from meteorism, flatulence, dyspnœa, in consequence of the impeded movements of the diaphragm; troublesome palpitation, derangements of nutrition, resulting from lack of absorptive power on the part of the intestines; uncomfortable feelings in the abdomen, nausea, eructations, and sometimes even vomiting. The vomiting is probably generally due to a coexisting gastritis, particularly in those cases in which the entire mucous membrane of the digestive tract is in a condition of passive hyperæmia and chronic inflammation resulting from obstructed circulation, as in emphysema, cirrhosis of the liver, etc.

"Finally, these patients suffer also from very marked depression of spirits, or from true *hypochondria*; but how far such symptoms are to be ascribed to a chronic poisoning of the central nervous system by the absorption of abnormal products of digestion, it is as yet impossible to decide."

Again, page 372, he says: "Inflammation of the mucous membrane of the duodenum can be diagnosticated only from the presence of *icterus catarrhalis*, all other causes of icterus having been excluded."

Again, page 374: "Inflammation limited to the small intestine may be suspected, however, if, in addition to symptoms of gastritis, colic, marked rumbling in the bowels, and a feeling of active propulsion of the ingesta are observed, without the occurrence of diarrhœa. When diarrhœa does occur as a result of extension of the peristalsis to the colon, or of an implication of this part in the inflammation, a catarrh of the small intestine may be diagnosticated, if the dejections contain large quantities of the ingredients and products of the secretions of the duodenum and small intestine, viz., unaltered bile, intestinal ferments, leucin and tyrosin, in distinctly appreciable quantities, a considerable amount of entirely undigested food, and, particularly, much undigested fat.

In the case before us we must locate the disease in the entire intestinal canal, or else admit that it is a constitutional affection. There have been no recent autopsies, so far as I know. Analysis shows the casts to consist of mucus, or of something identical with it. The plastic or fibrous element is not present. They have been carefully examined microscopically by DaCosta, in the cases mentioned by him, and found to consist of "a transparent amorphous basement substance, here and there indistinctly fibrillated, and having imbedded in it granules, free nuclei, and small, shriveled, irregular and rather granular cells." He has found no fibrous tissue.

In the microscopical examination of Dr. Willard's case, reported to the Pathological Society by the Committee on Morbid Growths, the specimens are "seen to consist of epithelial cells, which are considerably swollen and finely granular. The nuclei of the cells are somewhat

indistinct, due to the granular condition of their protoplasm. A few lymphoid corpuscles are to be seen. The committee would consider the specimen to be the product from a case of 'intestinal desquamative catarrh.'"

SUCCESSFUL CASE OF TRANSFUSIO SANGUINIS.

BY HENRY C. BOERMING, M.D.,

Interne in the Philadelphia Hospital; Member of the Pathological Society of Philadelphia.

The following successful case of transfusion occurred during the service of Dr. Bruen, in the wards of the Philadelphia Hospital:—

Bridget Gallagher, thirty-six years old, a widow, mother of two children, the youngest about nine years old, was admitted to the ward March 1st. The following history was obtained March 5th: She enjoyed singularly good health until four years ago, when, while menstruating, her work necessitated her remaining for about three hours in a spring house. That night her menses ceased and she was taken severely ill; pain in the back and head, high fever and weakness, seem to have been the prominent symptoms. In three weeks she had sufficiently recovered to resume work as a domestic, but she suffered continuous pain in the back, head, and right ovarian region. She has not menstruated from that time to this. Her distress grew greater day by day, until one morning, three months after the cessation of her menses, violent epistaxis occurred, and so long continued and so great was the hemorrhage that it became necessary to plug the nares. Her pains and aches were relieved for a short time, but after the lapse of two weeks again began to annoy her, and thus continued until last May, when copious epistaxis again occurred. The hemorrhage was controlled without much difficulty, and seemed to be decidedly beneficial; for several weeks she had enjoyed an immunity from pain, and her health and spirits were fair. During the past six months she has been troubled with flushes of heat to the head, headache, pains in the back and right side, lassitude, and occasional palpitation of the heart.

Sunday night, February 29th, she began to bleed from the nose, and in a little while the hemorrhage became so alarming that professional aid was sought. The bleeding, after some hours, stopped, but recommenced Monday morning, and seemed uncontrollable. Monday evening, March 1st, she was admitted to the hospital, arriving there in an almost exsanguine state. I found her excessively weak, pallid, with a very rapid and feeble pulse, but the hemorrhage had ceased several hours before. I ordered her head to remain low, cardiac stimulants to be given, and liquid nourishment every hour. No hemorrhage occurred during the night.

On Tuesday morning, March 2d, I was called to see the patient, who lay in syncope, pulseless, and suddenly vomited about a pint of grumous blood. Her mouth was opened and blood was discovered trickling down the pharynx from the posterior nares, which were at once plugged. Monsel's solution, diluted one-half, was thrown into the anterior nares, and hypodermic injections of ergot, whisky and digitalis given. She rallied apparently, for a short time, but successive faints, a pulseless wrist, scarcely audible heart sounds, induced me to resort to the transfusion of blood. The apparatus employed consists of a can, upon the edges of which is soldered an inverted cone. At the juncture of the can and the receiver just described, is an opening through which hot water is poured into the can; by its side is a thermometer the lower end of which is immersed in the water; the object of this is to register the heat of the water, which should be 103° F., experiment having demonstrated that blood surrounded by a liquid of this temperature retains a heat of 99° F. in an atmosphere of about 70° F. Another metal cone is necessary: this rests in the one first mentioned, and can be lifted out. The object of the *movable* cone is to receive the blood as it flows from the vein; it is the vessel in which the defibrinization is effected, by continuous beating with a clean broom or a metal brush. A strainer is indispensable; for this purpose a clean towel of coarse web has no superior. The movable cone is lifted out, the strainer is placed over the first cone, and the blood poured upon it; by this we remove any small particles which might interfere with the proper performance of the operation. A prominent vein at the bend of the elbow is selected and a canula, to which a piece of rubber tubing is attached, is passed into the lumen of the vessel. The appearance of a few drops of blood at the end of the tubing convinces us that the canula is safely within the vessel, and they also expel what air might be in the tube or canula. A graduated syringe holding about ten ounces is warmed and the prepared blood is then drawn up. All the air is now expelled from the syringe, the nozzle is inserted in the free end of the tubing, and the piston is gradually, gently pressed down.

I will now proceed with the further narrative

of the case. After all the apparatus was put in proper condition, I was bled, about ten ounces. The blood was defibrinized, strained and ready to inject. The median cephalic vein of the right arm was opened and a canula inserted. The blood was drawn into the syringe, which was adapted to the tubing. I injected six ounces of blood. After the first ounce had passed into the vein our patient was noticed to become extremely pale, the pupils became more widely dilated; this was but temporary, for as more blood entered her vessels the pupils grew smaller and her skin lost its clayey look. A faint pulse could now be detected at the wrist, very feeble and rapid, but in the course of fifteen minutes growing better in volume and beating 130 per minute. By this time the syncope had disappeared, but our patient was too weak to speak or move. Perfect rest was insisted upon; liquid nourishment was given every half-hour, and hypodermic injections of dialysed iron (fifteen minims) administered three times a day. Her temperature before the operation was 98°, and at night was 100°; the following morning it rose to 100⅘°, but during the day fell to the normal. The patient steadily improved; good food and iron were freely given. The sponges were removed after the lapse of thirty hours; their separation from the posterior nares caused no return of the bleeding. At the end of six days the patient was up and walking about. Several days later, erysipelas being prevalent in the wards, our patient was seized with facial erysipelas, from which she has, however, fully recovered. Though taking small doses of aloes, in hope of restoring normal menstruation, no effect greater than the production of a rather copious leucorrhœa has resulted. I cannot understand how the brilliant results of transfusion can be entirely due to the mechanical distention of depleted vessels. Is there not some stimulant force resident in healthy blood by which the blood-forming glands are spurred to increased action? Can it be that a few ounces of blood thrown into the vessels of an almost bloodless patient, by its mechanical effect alone, causes the speedy abeyance of anæmic conditions?

REMINISCENCES OF A VISIT TO EUROPE IN 1879.

BY LAURENCE TURNBULL, M.D.,
Of Philadelphia.

I arrived at Geneva October 8th, 1879, and was received by my friend Dr. A. Cordes, F.O.S., London, Professor of Obstetrics, of the Faculty of Geneva. The Doctor has accomplished a great deal of literary work, both in French, as contributions to the various Paris medical journals, also in English, in the British medical journals, and has translated the two volumes of the works of Professor Barnes, of London. He is an active member of the Obstetrical Society of London, and has contributed numerous papers on his favorite subject of diseases of women. Dr. Cordes is a Parisian by birth and education, and a dear lover of la belle France, but having married a lady of Geneva has remained here, and has a select private practice in his department.

On the 9th the Doctor drove me out to visit the various points of interest in this beautiful city, the first being the monument to the late Duke of Brunswick, which nobleman lived for many years in this city, and made a will in its favor, leaving some sixty million francs; subsequently he changed his mind, and came on a visit to the city of Geneva, with the full intention of altering the will, so as to leave it to the late son of Louis Napoleon; but strange to relate, before this change was accomplished he was attacked with apoplexy, with entire loss of speech and general paralysis, about six o'clock in the evening. Dr. Cordes was sent for, and did all that could be done for him, but he sank rapidly, and by ten o'clock he was dead. The city authorities have spent a large portion of the money on the beautiful monument which stands near the lake, also on a variety of both useful and ornamental buildings. Among the number is a new theatre, which was opened the week I was there; it is one of the handsomest and largest structures of the sort in Europe. In beauty and extent it ranks next to the opera houses of Paris and Vienna. The cost of this splendid temple of Thespis, including the value of the land on which it is built, exceeds five million francs.

There has also been built, as the fruits of the Duke's munificence, an admirably arranged medical college, with all the most recent improved ventilation and appliances. Also, for public use, chemical and philosophical laboratories, with watch and other factories, for the instruction of poor mechanics in the various useful employments. The following day I visited the academical buildings, so valuable for educational purposes, and examined the library and collection of interesting portraits and valuable ancient relics in glass, porcelain, gold and silver. There is a fine collection of ancient manuscripts, in the French, English, Latin, Greek and Oriental languages, with illustrated missals in bright

and beautiful colors. There were also some very old remains from the Lake of Geneva, and a boat (which is kept in water), which was found in 1877, supposed to be some three thousand years old.

After dinner we drove out to see a cousin of the Doctor's, who bought the beautiful place lately occupied by Count Chambord, where there are some most magnificent specimens of various trees and plants; but what to me was of the most interest were the great size and flourishing condition of the cedars of Lebanon, which were of unusual height and age, and full of the most beautiful fruit.

Leaving these interesting but non-medical matters, on Friday I was invited to witness an operation by a young, rising ophthalmologist, Dr. Hallenhoff, a pupil of the late Von Grüefe. This young eye surgeon has made, I am informed, quite a name for himself by his agreeable manners and successful operations. He operated upon a case of strabismus from weakness of the opposing muscle, correcting it by advancing the tendon and securing it by a suture, and the subsequent use of prisms. He also operated on an opaque cornea, by tattooing it, reducing it in size, and doing away with the deformity; he employed four needles set in a handle, and a solution of black sepia.

We then visited the new medical department, and I was introduced to the Professor of Anatomy, "Laskowskie," who took us all through his department, and exhibited some very fine moist preparations made by injecting the muscles, etc., with a combination of glycerine and carbolic acid, immersing the parts also in the following liquid, at a temperature of 170° Fahr., or 77° C. The injection for the corpse is glycerine at 28° C., 1000 parts; carbolic acid in crystals, 100 parts.

The second liquid, for muscles, is carbolic acid 50 parts, glycerine 1000 parts. These injected preparations remain soft and pliable, and of an almost natural color and appearance, not dried or shriveled up, as most of the preparations we so constantly see for class demonstration. These most admirable preparations received the first prize at the late Paris Exposition.

The Professor of Anatomy has also a new method of preparing bones, so as to remove all the oily matter without the use of ether, and some of the specimens of the bones of the head and face were beautiful and white; this he accomplishes by means of a black soap of caustic potash, in a solution of which they remain from three to five days, and are then exposed to the influence of the sun's rays.

In company with my friend, I visited the distinguished Professor of Experimental Physiology, Professor Schiff, formerly of Florence, now of Geneva, where he has one of the most complete arrangements for his numerous valuable experiments in his department. He is a small man, with a very bright eye and white hair, with pleasant, quite unaffected manners. He most kindly made an engagement with us to show us his many interesting investigations. On the morning appointed, when we reached the laboratory, we found him with his assistant, whom we were very glad to meet, Dr. B. F. Lautenback, formerly lecturer on physiology in the University of Pennsylvania. The professor took us first to see his out-door arrangements for taking care of his numerous rats, cats, dogs, frogs, etc. The animals were in a series of houses with wire fronts to them, and were as well cared for as any pets. We noticed a number of white kittens, which, he informed me, were all deaf. Some of these little creatures had been experimented upon, under ether, and were now as well as ever, frisking about the laboratory and crawling up and down upon the shoulders of the assistant. We then passed into his large and beautiful microscopical room, which has a fine exposure for light, etc., and the Professor exhibited a number of interesting experiments with polarized light, showing its wonderful power to determine, by the color, the diseased from the healthy tissue of the brain and spinal tissue. After spending a number of hours with him, we left, very much pleased with our visit.

Everywhere abroad, this season, I found hydropathic establishments flourishing and much in favor with, and visited, both for health and recreation by, the regular members of the medical profession, and recommended to their patients in cases of nervous prostration and diseases of the brain and nervous system of a chronic character. These establishments were under the superintendence of regular physicians in Ireland, Scotland, England, France, Germany and Austria. The first one which I inspected with care, in company with Dr. Alfred Carpenter, was at St. Anne's Hill, County Cork, and was under Dr. Sack, as medical superintendent. This sanitarium and hydropathic establishment was founded by the late Dr. Barter, in the year 1843, and is the oldest in Ireland. It is picturesquely situated on rising ground, and commands a beautiful view of the far-famed Groves and Castle of Blarney, and of the rich valley of the Shournagh, and is supplied by a never-failing spring of water, cele-

brated for its purity. The establishment is six miles from the city of Cork, and two miles from the railway station, from which we walked, the exercise giving us a good appetite for an admirably well cooked dinner, which we took with the Doctor.

The temperature of the locality, throughout the whole year is stated to be remarkably even, and the winters, owing to the proximity of the Gulf Stream, are very mild, rendering St. Anne's, at all seasons, a desirable residence for invalids.

The treatment, in brief, is by dripping and rubbing sheets at different temperatures; packs, compresses, still and running sitz-baths; rain, wave and other douches; ordinary hot and cold water baths and plunge baths. We went into the celebrated Turkish baths; they were luxuriously fitted up, and particular attention is paid to the adaptation of temperature to the varying conditions of disease, and to the individual susceptibilities of patients. We next went into the electric baths, which are found especially valuable from their adaptability to individual cases, such as by general and local baths, douches, etc., by which means the electric current is conveyed in a continuous stream to all parts of the person, producing a slight, rather tingling, sensation. An inhaling and vaporizing apparatus, for the treatment of throat and chest affections, is also employed. Dr. W. A. E. Sack is an M.D., L.M., with honors of the Royal University of Berlin, and for seven years was Resident Physician of the celebrated water-cure establishment of Marienburgh, at Boppard on the Rhine.

While at Geneva I visited and carefully examined the interesting baths at Divonne, in France, which are a few hours' ride from Geneva. I was accompanied by Dr. Cordes. This splendid establishment was first opened under the care of a regular physician, Dr. Edward Vidart, and was improved and extended from a single house to a beautiful and thriving village, entirely supported by this institution. Since Dr. Vidart's death his widow and her two sons have had charge of it. One of the sons is a physician and the other is the magistrate of the village. The situation of this hydropathic sanitarium is one of great natural beauty. In front you look upon a magnificent view of Mont Blanc, with its perpetual snow-capped surface reflected in the light, and as a background to a beautiful picture the dark Jura mountains, in all their grandeur. During our visit, in October, there were from eight to one hundred patients, and during the summer months the number is sometimes over four hundred. There is a rushing mountain stream in the very centre of the extensive grounds, plunging along from the mountain and as cold as ice. There are also several natural springs of mineral waters, of varying qualities, throughout the grounds. Water is employed in the various chronic nervous affections, with most useful results, and every variety of appliance is employed, and of every variety of temperature, and most careful rules are followed in its application, in accordance with the doctrines advocated in France by Lubanski, Fleury and others. In Germany, Switzerland, and in Austria, the subject of the proper use of hydro-therapeutics has received most careful and conscientious attention, and in many instances achieved good results, not only in cerebral hyperæmia, but even in epidemic cerebro-spinal meningitis. Various interesting and new apparatus were exhibited to us, by which water could perform sedation, stimulation, counter irritation, reduction of heat and increase of heat, with most useful practical results.

The clouded and disturbed minds of patients are diverted from themselves by amusements of every kind; there is a circulating library and reading room, rink and lawn tennis, bowling alley, shooting gallery, gymnasium and theatre, billiard rooms, with a most spacious ball room, and a fine band of music. There is a regular teacher of gymnastics, and every variety of exercise by mechanical means, for the development and healthy action of the muscles, tendons, etc., by means of massage, frictions, electric treatment, etc. We dined with the Doctor's family and a number of the patients, and found the table everything we could desire, with an abundance of fresh vegetables, and fruit, and native wines.

We noticed that patients came from every part of the world, and a number from the western part of the United States; most of these were under the direction of their physician, and their instructions are carried out with great care. Professor Rosenthal, of Vienna, has found hydro-therapeutics one of the most efficient methods in ATAXIA: the warm mineral waters are especially useful for the neuralgic pains and stiffness of muscles, and the unpleasant cold sensation experienced by the patients. Cold baths are also found valuable as tonic and invigorating agents. The stimulating action of the temperature upon the numerous sensitive nerves of the skin is transmitted to the brain and vaso-motor centres, and reinforces the reflex acts presiding over the circulation, respiration, and the functions of the whole abdominal viscera.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. Hess read a paper upon membranous enteritis (see page 356).

Dr. L. B. Hall had examined the specimens of membranes presented by Dr. Hess. He found them to consist of a large amount of mucus, together with large plates of epithelium, showing in places the outlets of the mucous follicles, and proving it to be a true desquamation of the mucous membrane of the intestinal track.

He had seen similar plates, though smaller in amount, thrown off from the bladder. The last case of the kind was that of a young lady, aged 24, suffering from great irritation of the spinal cord accompanied with frequent epileptic attacks (petit mal). The sediment in the urine was fully one-tenth its entire bulk, and consisted of epithelium, mostly in separated cells, but occasionally adherent, in plates identical in appearance with those from Dr. Hess' case. So far as this has a bearing upon the subject it would point to the nervous system as the common origin of the trouble.

The Doctor then related an amusing case of hysteria, in which the patient produced a membranous tube, saying it was passed from the bowel. The deception was so complete that one of our State Societies became involved in the wrangle over it. The microscope showed it to be a section of an ordinary sausage skin, prepared from the intestine of the pig.

Dr. E. E. Montgomery reported the case of a farmer from Ohio, who in May last had an attack of acute dysentery. During convalescence he "took cold" and had a relapse; the disease then assuming the chronic form, accompanied with "casts" of the bowels.

He came to Philadelphia for treatment in the late summer, the journey increasing the difficulty. The stools, as the Doctor then examined them, contained membranes in large flakes. He treated the case by first clearing the canal by a castor oil purge, then gave common resin in drachm doses four or five times daily. At the same time he used an enema of a pint of warm water containing half a drachm of nitrate of silver. At the end of a month the patient returned home well, having recovered his usual weight and strength. The trip brought back the dysentery temporarily, but he now reports himself entirely well, save a little dyspepsia; the least indiscretion in eating bringing back the diarrhœa.

Dr. C. F. Wittig said he had seen several cases of dysentery which were accompanied by "casts" of the bowels. He thought the "cast" to be an exudation, like that of diphtheria. In the first stage he usually gave sedatives, and when the excitement was over he gave tonics.

Dr. Hess asked if there was any special cause for the dysentery in Dr. Montgomery's case. In several of the cases of membranous enteritis reported podophyllin had been given, and regarded as an exciting cause. He had that day (March 12th) seen the case reported. The condition of the uterus was much better, and there was a corresponding improvement in the nervous symptoms. The membranes were, however, still passing. He looked upon the disease as constitutional, though not spinal. He called attention to the fact that no case had been reported cured.

Dr. Montgomery replied that there was no exciting cause in his case, beyond the ordinary one of exposure. He called attention to the cases of chronic diarrhœa reported cured by Dr. Reed, of Atlantic City, after the use of small doses of corrosive sublimate, $\frac{1}{100}$ of a grain every two hours. He recommended a trial of this in Dr. Hess' case.

Dr. Heilman introduced a patient illustrating the use of the audiphone.

He said this was the first case he had found much improved by the method, although he had examined a large number of deaf persons for that purpose. The patient had suffered from chronic catarrh of the middle ear, and had become so deaf that conversation was to him only a low murmuring sound. The audiphone enabled him to understand when directly in front of the speaker. A piece of thick paper he found fully equal to the patent vulcanite plate. The only instrument the patient carried was a block of wood, about twice the size of the little finger, which considerably improved his hearing when held firmly between the incisor teeth, though the improvement was less than with the large plate of paper.

Dr. Hess introduced a patient showing psoriasis, well marked, in a child ten years of age. No cause, either hereditary or exciting, could be elicited from his history. The child seemed otherwise healthy.

ACADEMY OF NATURAL SCIENCES.

In a lecture on "Histological Studies," delivered before the Biological and Microscopical Section of the Academy of Natural Sciences, of Philadelphia, on Monday evening, March 5th, 1880, Dr. Carl Seiler, the Director, spoke, first, of the leading tissues of the body, as classifiable under the following heads: Epithelial, Connective, Contractile or Muscular, and Nerve Tissues.

The epithelial he divided into epithelium and endothelium; the former lining surfaces connected with the atmosphere, as the mucous membranes, glands, etc., and the latter lining closed cavities, as the blood vessels, serous membranes, etc.

The serous tissues are the *binding* membranes of the body, such as bone, cartilage and fibrous tissues.

Muscular tissue is divided into striped or voluntary, and unstriped or involuntary; the heart being an exception to the rule, its fibres being striated, and, of course, its action involuntary, except to a certain extent in some people who can partially control their heart's action.

Nerve tissue is divided into ganglionic, or generator of nerve force, and fibrile, or conductor of nerve force.

In addition to the above, the blood may be considered as a fifth class of tissue, and is uniform in its characteristics.

These various tissues are formed of cells, and are best studied in the fœtus.

In fœtal structures, or in the white blood corpuscle, we find the cells as globular masses, filled with granules in an active state of motion. Heitsmann and Klein claim that each of these granules is inclosed in a mesh of fibres within the cell, but Dr. Seiler has never seen this, and does not think it has been demonstrated. The granules gradually collect in one part of the cell, forming the nucleus, and a portion of these again condense still further, forming the nucleolus. The globule or cell now narrows, and throws out one or more fibres or tails; if these fibrils are at opposite ends, it forms the bipolar or spindle cell; if they are numerous, it forms the stellate or connective tissue cell. In fibrous tissue the cell retains its spindle shape.

Each special class of cell reproduces only itself, even if transplanted among other classes of tissue.

The existence of a cell wall is disputed.

In further development, the nucleoli, nuclei, and cell itself, divide into twos, fours, eights, etc., though sometimes a little irregularly, into threes, fives, etc. In this division the cells occupy more space, and press upon each other, giving them various shapes, according to the direction of the pressure.

The ganglionic cell is stellate, and shows the nucleolus, which the areolar tissue cell usually does not.

Editorial Department.

Periscope.

Internal Administration of Carbolic Acid in the Treatment of Typhoid Fever.

Mr. Henry Weekes reports the following case in the *Lancet*, Feb. 28th, 1880:—

On January 24th I visited Ellen S., aged eighteen, living in a detached cottage in the country. She had taken to her bed two days before, having been previously ailing for a week. I found her in a very febrile condition, with highly flushed face, anxious expression, tongue furred, and bowels relaxed three or four times a day; very little headache. Pulse 108: temperature (11 A.M.) 102.5°; skin dry. With the usual instructions as to diet, etc., I prescribed acetate of liquor ammoniæ and compound tincture of camphor.

Jan. 25th.—No apparent change. She complained much of sleeplessness. Ordered compound ipecacuanha powder and mercury, with chalk, at bedtime.

26th.—Some sleep. Tongue browner; diarrhœa lessened; some spots on abdomen, but scarcely observable. Pulse 109; temperature (12 A.M.) 103°.

27th.—Much flushed; tongue more glazed; pulse 108; temperature 103.5°. I prescribed glycerite of carbolic acid, six minims, every four hours.

28th.—Face less flushed; tongue moister, but spots more distinctly colored; pulse 100; temperature 101°. Continued carbolic acid.

29th.—Patient cheerful after a good night; diarrhœa nearly ceased; tongue rapidly cleaning; spots less evident; pulse 89; temperature 99°.

From this day she made a rapid recovery, sat up on February 1st, and was down stairs on the 4th.

Now, the sudden subsidence of fever on the administration of carbolic acid may be merely a coincidence, and the same remark may be made regarding the supposed results of other medicines in solitary cases; but such remarkable coincidences are certainly suggestive of more extended experiments. Until disproved, it appears to me more probable than otherwise that one was the effect of the other. Our great authority, Sir W. Jenner, says (the *Lancet*, Nov. 15th, 1879): "I have never known a case of typhoid fever cut short by any remedial agent—that is, cured. The poison which produces any one of the acute specific diseases (to which order typhoid as much as smallpox belongs) having entered the system, all the stages of the disease must, as far as we know, be passed through before the recipient of the poison can be well." Yet I submit that this very disease (smallpox), here linked with typhoid fever, is undoubtedly modified and cut short in its course by introducing vaccine lymph into the system, even when vaccination has been performed so late as to run its course concurrently with smallpox. Why, then, should we remain content with thinking that typhoid fever must continue to the end unchecked?

Treatment in Malarial Fevers.

N. L. Guise, M.D., of Fayette, Miss., in a paper read before the Mississippi State Medical Society, at the twelfth annual session, submits the following conclusions:—

1. Quinine should be given regardless of the stage of the disease, remittent or intermittent fevers, and without preparation of the patient.

2. Given in the pyretic stage, in full doses (five to ten grains), temperature is rapidly reduced, perspiration quickly established, and the exacerbation materially shortened. Continued, then, in the stage of remission or intermission, in such doses and at such intervals as will insure its continued influence, if remittent, the remission is prolonged, and a second exacerbation prevented, or materially lessened in intensity and shortened; and if intermittent, a subsequent paroxysm prevented.

3. Morphia (¼ to ½ of a grain), given in the stage of pyrexia, relieves pain and uneasiness, establishes diaphoresis, and otherwise appears to act beneficially.

4. Blood-letting, purgation and mercury are contraindicated, as being antiphlogistic and spoliative. Used separately or combined they induce or aggravate prostration, and are liable to prevent, and, in fact, do protract, recovery, in all cases when freely employed.

5. In support of the treatment advised, I offer the diminished suffering of the patient, the speedy recovery (being almost invariably within forty-eight hours), and the rapid convalescence.

Viburnum Prunifolium in Threatened Abortion.

The following case is reported in the *Transactions* of the Medical Society of the State of Virginia for 1879, by Dr. H. M. Gamble:—

February 8th, of the present year, I was called to see Mrs. V., and found her suffering with regular uterine pains. Pregnancy advanced to seventh month, os uteri dilated to size of a quarter of a dollar, amniotic fluid escaping with each pain. The patient had been upset in a sleigh the day before, but suffered no particular inconvenience at the time. After waiting several hours and finding no progress was being made in the labor, but on the contrary, the interval between the pains growing wider, after administering an opiate, I left her with instructions to take a teaspoonful of the fluid ext. of viburnum prunifolium three times a day. I was informed by the husband afterward that she had decided pains repeatedly, with the usual symptoms of approaching labor, but that a dose of the medicine never failed to relieve her entirely. Certain it is that she went to full term, and I delivered her of a large, healthy female child, weighing about ten pounds, on the fourth of April.

Whether or not the remedy had anything to do with preventing miscarriage is impossible to say, and I only speak of the case in order that others may test its powers in that way. Its mode of action is entirely unknown, but as we have remedies which exert a decided power over the impregnated uterus, I see no reason why there may not be others whose action shall be inhibitory. At any rate, I think the subject deserves further investigation.

The Therapeutic Value of Nitro-Glycerine in Angina Pectoris.

In a leading article on "Recent Studies in Therapeutics," which appeared in the *British Medical Journal*, March 13 and 27, 1880, nitro-glycerine is spoken of as a remedy of great value in the treatment of neuralgic affections, and it has been suggested that it should be tried in tetanus, hydrophobia, sea-sickness, chloroform poisoning, and many other morbid conditions. It is, however, as a remedy for angina pectoris that it will be found most useful. Dr. Murrell's cases show that, in the treatment of this terrible complaint, it is an agent of the greatest possible value, worthy to be ranked with nitrite of amyl. It is now in general use in most of our London hospitals, and in many cases it has effected a complete cure. A very striking account of the benefit derived from its employment has been published by Mr. Jameson, of Caistor, who suffered very severely from angina pectoris. At Dr. Murrell's suggestion, he began by taking two minims of the one-per-cent. solution every three or four hours during the day. He always found relief if he took the dose when he felt the first threatening of the attack, and the paroxysm was staved off. He continued taking the two-minim dose regularly every three or four hours for four days, and, as the attacks did not trouble him so much, he began to diminish the frequency of the dose, and took it only when he felt an attack threatening. He says: "I always carry an ounce-and-a-half bottle of the diluted solution in the breast pocket of my coat, the bottle carefully marked for six doses, each dose containing five minims of the one-per-cent. solution. If I feel an attack coming on I apply to my bottle, and at once feel that I am saved from a paroxysm. The action of the medicine seems to commence the moment it is swallowed, just as Dr. Murrell describes. It produces always a feeling of fullness in the head, singing in the ears, and a sensation of pulsation all over, especially in the head, severe at the root of the nose, as if epistaxis were threatened. I do not suffer from headache, and the congested feeling soon goes off. It is a great boon to have a remedy in which you can have perfect confidence that the attacks can be controlled. I have not had any severe attack of the disease since I got the solution and began to take the drug, six weeks ago."

Indications for Turning.

Dr. Inverardi, in *Annali di Ostetricia, Ginecologica, e Pediatria*, December, 1879, after describing a number of cases in which turning was performed, in the Maternity, at Turin, arrives at these conclusions. 1. The belief entertained by some that in shoulder presentations turning is always indicated, is erroneous. 2. Turning is indicated, given the favorable conditions, such as complete dilatation, the membranes intact or only recently ruptured, the uterus presenting occasional intervals of relaxation, the pelvis not so contracted as to offer an excessive resistance to the passage of the fœtal body, and especially of the head; and that the presentation is not fixed or wedged. 3. In cases of vertex or face presentation, wedging of the presenting part renders turning impossible. This is true, though in a less degree, in shoulder presentations. 4. When the uterus is contracted and insinuated round the fœtus, the obstetrician must act differently, according as the fœtus is dead or alive. If it be living, evolution may be favored by traction on the arm or other means which do not imperil the life of the fœtus; greater confidence being placed in pelvic evolution since it has been shown to be easier, more frequent, and less dangerous to the mother than is generally believed. If this fail, embryotomy and the crotchet must be resorted to. If the fœtus be dead, the sooner embryotomy is performed the better. 5. In dorso-posterior positions, in performing embryotomy, it is preferable to decapitate; in dorso-anterior positions, it is better to eviscerate and divide the vertebral column. 6. When delivery is impossible after the above measures, turning may be used as a last resource.

The Danger Attending the Use of Salicylic Acid in Acute Rheumatism.

T. J. MacLagan, M.D., writes to the *Lancet*, Feb. 28th, 1880, as follows:—

1. In acute rheumatism the heart is apt to be inflamed. Attention is usually concentrated on the membranes; but the muscular substance also suffers. When severe, myocarditis is apt to be fatal, and is frequently recognized in the post-mortem room. In a mild form it is, I believe, much more common than is usually supposed. It may exist independently of inflammation of the membranes. In all forms it produces softening and weakness of the muscular substance.

2. Salicylic acid, no matter whether given alone or in combination with soda, exercises a depressing action on the heart. This action is by no means general, and is probably due to some idiosyncrasy of the affected individuals.

3. If this depressing action be produced in one in whom the heart is physically sound, no great harm will be done. With the omission of the drug the depression will soon pass off.

4. But if it be produced in one who is already the subject of rheumatic myocarditis (an ailment which is not easily recognized during life), and in whom, therefore, there exists softening and enfeeblement of the ventricular walls (for the left ventricle is the chief seat of such inflammation), the depression is likely to be alarming, and may be fatal.

To form an adequate estimate of the nature and extent of the dangers attendant on the administration of salicylic acid in acute rheumatism, we must recognize, first, the tendency of the rheumatic poison to produce inflammatory softening and weakness of the muscles of the heart; and, secondly, the tendency of salicylic acid to depress that organ. It is in the combination of these two that lies the danger of the drug. It is in the absence of the tendency to produce such depression that lies the superiority of salicin over salicylic acid.

The Therapeutical Use of Iodoform.

Mr. J. B. James writes to the *Lancet*, March 13th, 1880—

I have used the above remedy for upward of four years, with an unvarying success, both applied in the form of ointment (one drachm to an ounce of lard), and of the powder dusted over the ulcer. The cases in which I have used iodoform have been mostly of a specific character, more especially old chronic varicose ulcers of the leg with a syphilitic taint. A healthy action has been produced in a marvelously rapid way. Cases which had resisted all forms of treatment for years have quickly got better, and ultimately healed over. In other cases I have given the powder internally, mixed with mucilage (one to two grains to the ounce). I also combine with the iodoform treatment other internal remedies suitable to the cases under treatment. The chief reason why I have brought iodoform under the notice of the profession is for the purpose of giving it a more extensive trial in all cases of sores, both specific and non-specific. The last case which I have at the present time under treatment is one of a large carbuncle on the back of the neck, two by three inches in superficies, in which the whole of the skin of the neck over that surface sloughed away, leaving the muscles exposed, with a clean-cut margin, where poultices and constitutional treatment were tried without any avail, the patient becoming weaker and weaker, from the continual drain on the system, and fetid smells; but as soon as I treated the case with the iodoform ointment the ulcer took on a healthy action, the discharge and fetor ceased, and it is now healing rapidly. Of course, I gave, internally, ammonia and bark—half a drachm of the former with an ounce of the latter. Other cases have been equally successful.

Injections of Ergotine in Prolapsus of Rectum and Hemorrhoids.

The *Gazette Hebdomadaire*, January 2d, 1880, informs us that at the meeting of the Therapeutical Society in December (*Gaz. Hebd.*, January 2), Dr. Ferrand related the case of a lady, thirty-five years of age, who during three years had suffered from rectal and hemorrhoidal prolapsus, to the extent that she could not walk about a room without a tumor almost as large as a fist descending, inducing most acute suffering. The tumor could be reduced while lying in bed, by means of a prolonged and very painful taxis, which had to be repeated after every stool. Having tried all the usual remedies in vain, Dr. Ferrand performed a subcutaneous injection of ergotin, depositing 1 gram, 20 centigrams of a solution composed of glycerin and water āā 15, and alkaline hydrated extract of ergot 2 parts, in the ischio-rectal fossa beside the hemorrhoidal projection. Considerable amelioration resulted, and three other injections were practiced at intervals of twenty days, ten days, and a month, with the result of effecting a cure. The patient was seen six months afterward, and it was found that the prolapsus was not reproduced in walking, going up many flights of stairs, etc. Dr. Vidal related a case in which a complete cure of hemorrhoidal prolapse which had resisted all treatment was effected by means of twenty-two injections of Bonjean's ergotine (one part to five of distilled water), in quantities gradually increased from fifteen to twenty-two drops. In two other cases which he has since treated, five and six injections sufficed. Dr. Vidal latterly has preferred, however, Yvon's solution of ergot to Bonjean's ergotine, as causing less pain.

Salicylate of Soda in Gout.

The *Practitioner* for February informs us that M. Bouloumié has communicated to the Medical Society of Paris the results of his investigations upon the action of salicylate of soda during an attack of gout. The author has administered the salicylate to some of his own patients, and he has inquired of a large number who came to Vittel for treatment, whether or not they had been subjected to this method. His own patients had only been slightly benefited by the drug, and of thirty-nine patients whose cases he directed at the mineral springs, only six had taken salicylate

of soda, though they did not appear to be much relieved thereby. While he recognizes, therefore, that salicylate of soda acts by assuaging the pain, M. Bouloumié would restrict its administration in chronic gout. He points out the inconveniences and even the dangers which may arise from its use, especially if the heart or kidneys be affected, while the results are but slight, except in very favorable or in subacute cases. He believes that the drug is an active remedy, which should be kept in the therapeutic arsenal to combat gout, though its action in this disease is not so marked as in rheumatism.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Handbook of Medical Chemistry, applied to Clinical Research and the Detection of Poisons. Partly based on "Bowman's Medical Chemistry." By William H. Greene, M.D., Demonstrator of Chemistry in the Medical Department of the University of Pennsylvania, etc. Philadelphia, Henry C. Lea's Son & Co., 1880. Cloth, 12mo, pp. 310.

This work is divided into three parts, and opens with a brief introduction, in which the subject of chemical manipulation is presented. In Part I the author gives a description of the organic proximate principles which take part in normal and pathological vital action, and the properties by which they may be separated from their associate compounds and identified. In Part II the composition of the more important liquids and solids of the body is considered, together with the processes by which they may be analyzed. Part III treats of the more ordinary poisons and the various methods by which they may be detected. The book also contains several illustrations of the crystalline forms of organic bodies, and of some of the apparatus used in chemical analysis. It is well written, and gives the latest views on vital chemistry, a subject with which most physicians are not sufficiently familiar. To those who may wish to improve their knowledge in that direction we can heartily recommend this work as being worthy of a careful perusal.

A Textbook of Physiology. By M. Foster, M.A., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge. From the third and revised English edition, with notes and additions by Edward T. Reichert, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With 259 illustrations. Philadelphia, Henry C. Lea's Son & Co., 1880. Cloth, 8vo, pp. 1030.

The great popularity of "Foster's Textbook of Physiology," both in England and in this country, renders it unnecessary to say anything further regarding its merit. We shall, therefore, simply point out that in the American edition numerous and important additions have been made to the text of the third English edition, which we reviewed in our last volume, page 520. These additions, which amount to about one hundred and forty pages of the present edition, comprise sections on the physiological anatomy of the various organs under consideration, together with notes on the physiological action of some of the more important drugs, whereby the usefulness of the work as a textbook for students has been vastly increased. One hundred and eighty-seven new illustrations have also been added, making the whole number two hundred and fifty-nine, or nearly four times as many as in the English edition. The general appearance of the book is good, and does credit to the publishers, and we predict for it a rapid sale.

The Students' Manual of Venereal Diseases, being the University lectures delivered at Charity Hospital, B. I., during the winter session of 1879–'80. By F. R. Sturgis, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York, etc. New York, G. P. Putnam's Sons. 182 Fifth avenue, 1880. Cloth, 12mo, pp. 196. Price $1.25.

This little manual contains the *essentials* of venereal medicine, systematically arranged in twelve lectures. Being intended as a textbook for students, all mooted points are left out, and the author confines himself to giving a brief description of the commoner forms of venereal diseases, together with the most appropriate remedies. He first describes the simple venereal ulcer or chancroid, and its treatment; then he takes up syphilis in all its forms and stages; and finally concludes the subject with three lectures on gonorrhœa and its complications. As a rule, the author thinks it best not to treat the initial lesion of syphilis by the internal use of mercury, but to await the development of secondary symptoms. In connection with treatment of the various affections considered in this work, such formulæ are given as the author has found most useful. From its conciseness and clear style, we believe that this book will be found highly useful to students and young practitioners. It is printed on good solid paper, in clear type, and neatly bound, and is of a convenient size for a pocket companion.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE PRIMAL FORCES OF ORGANIC LIFE.

Viewed from the standpoint of general biology, the two fields of physiology and pathology are but varying representations of the same processes; they are manifestations of the same forces; they are but diverse aspects of the same activity. This fact is not always remembered by physicians, although to overlook it renders them liable to fall into many errors of theory, and into some of practice.

What is this activity? What are these forces which are the common basis of the phenomena of health and disease? The answer is definite. The forces of all living animals are supplied solely and wholly by the retrograde metamorphosis of protoplasm, by its resolution into the elements of which it is composed, by the analysis constantly going on in the laboratory of the animal economy, of C H O N into CO_2, HO, etc. To this chemical change are due motion, heat, mental force, growth force, etc. In some animals light and electricity are products of the chemical change; in many heat is not a product, as in fishes and other cold-blooded animals.

One of those forces is the growth force. It is common at certain times to all animals. Professor COPE calls it the *bathmic* force, or *bathmism*. He believes that it is transmitted from one generation to another by the passage of one or more living plastidules. He compares the phenomenon of reproduction to that of the phenomenon of combustion, which is a force-conversion transmitted from substance to substance by contact. In this respect it differs much from the other forces which are present in the organism.

Undoubtedly, to the biologist, as is well remarked by Dr. FOSTER ("Physiology," p. 642), the function of reproduction is the main phenomenon of existence, overshadowing and dwarfing all others. "Life is a cycle, beginning in an ovum and coming around to an ovum again." The greater part of the actions which, looking, from a near point of view, at the higher animals alone, we are apt to consider as eminently the purposes for which animals come into existence, when viewed from the distant outlook whence the whole living world is surveyed, fade away into the likeness of the mere by-play of ovum-bearing organisms."

It is to be noted, however, that this force is characteristic only of certain units of organization of living beings. All do not possess it, although the hypothesis of "pangenesis" offered by DARWIN assumed that such was the case. The most competent students do not now accept this hypothesis. That advocated by Hæckel, under the name "perigenesis," is now more current.

While these various forces we have named are in a general sense correlated and convertible, their energy in the animal mechanism is directed to distinct and separate ends. They should not be confounded. The growth force, as the universal force, has its activity employed in adapting the organism to its environment; it may be insufficient or in excess; it may be misdirected or employed in vain. This means deformity or disease, the formation of rudimental or needless structures, or the effort at repair or adaptation, where neither is successful.

There is a close alliance, yet a wide distinction, between growth force and reproductive force; between life power and life transmitting power. With a parallelism of action up to a certain point, the former is far more constant, individual and permanent. They are, however, at times confounded. A recent writer, Dr. A. L. CHAPMAN, in the St. Louis *Clinical Record*, argues that the reproductive force is identical with that which leads to diseased conditions. He formulates his theory in the following theorems:—

1. That living matter, under certain conditions, furnishes the impulse to every pathological process, and is the sole cause and reason of these processes.

2. That every pathological process is prototyped in the physiological process of reproduction, and that these processes are fundamentally one.

The first of these may be conceded, although its phraseology would be more accurate had it began: "That the forces developed in living organisms," etc. The second theorem, on the other hand, cannot be accepted, for the reasons above given. In a certain sense, its opposite would be more correct; at any rate, even allowing that pathological processes are in fact nothing else than efforts at repair, yet *regeneration* and *reproduction* are two wholly different organic processes, and must not be confounded. It appears to us that pathology belongs strictly to the individual, and has nothing to do with reproduction, which primarily concerns the species. Such studies, are, however, always praiseworthy, as it is through thoughtful meditation on the significance of phenomena and their relations, that we may expect to obtain that knowledge which will yield us the mastery over them.

NOTES AND COMMENTS.

Therapeutical Notes.

SALICYLATED CAMPHOR AS A TOPICAL APPLICATION TO CHRONIC ULCERS.

Dr. Henrot recommends, in the *Union Med. du Sud-Est*, the following, as a topical application, of a stimulating or slightly caustic nature, to phagedenic, atonic and syphilitic ulcers, indurated chancres and ulcerations of the neck of the womb: salicylic acid and powdered camphor, of each ten grams; mix and add ten drops of alcohol; this is to be incorporated with ten to twenty grams of vaseline, with sufficient paraffin to give to the mass the consistence of the wax used for suppositories.

COPAIBA IN THE TREATMENT OF LEPROSY.

Dr. D. B. Simmons, of Ken Hospital, Yokohama, says, in a communication to the *Medical Record*, that he finds the most effective remedy in the treatment of this disease, so common in Japan, to be copaiba, administered internally and by inunction. In the anæsthetic form, especially, does he regard it as a remedial agent of great potency.

Disturbances of Vision Produced by Poisoning from Unsound Meat.

We learn from the Edinburgh *Medical Journal*, for April, 1880, that Prof. H. Cohn, of Breslau, has observed two instances of poisoning, distinctly referable to the eating of game pie and pike which had been kept too long. The symptoms in both cases were severe gastric irritation, with vomiting and faintness, inability to swallow, and paresis of accommodation. In the first case a landlady had attempted to preserve the remains of a hare pie, of which a number of her customers had partaken with impunity. On tasting a small portion of this, some time afterward, she was seized within an hour with the most violent vomiting and other symptoms of poisoning. The next morning she was unable to read, although she had been able to do so the day before. She was first seen by Cohn nine days afterward, when the accommodation was found to be almost completely abolished. She recovered after a month. In the second case three members of a household, numbering six in all, were poisoned, three escaping, although it was ascertained that the symptoms came on after eating pike, and could be due to nothing else. All had, however, partaken of the same dish. On careful questioning it was found that the dish contained two fish, each of which was cut into three pieces, and it was conclusively shown that only those who had eaten the one (which was not perfectly fresh) were affected. In one the paresis of accommodation was the only symptom; the other two had severe gastric irritation besides. In one only the accommodation had not returned when last seen, six weeks after the occurrence. Although a number of instances of fish poisoning are on record, it does not appear that this curious local paralysis has been noted, though from remarks

made in some instances, it appears probable that something similar existed. The other symptoms have always been the same. Cohn is inclined to ascribe it to some particular form of decomposition.

Precautions to be Observed in the Administration of Ergot in Labor.

Dr. Glynn Whittle, in the Dublin *Journal of Medical Science*, February, 1880, discusses the importance of caution in giving ergot in cases in which labor is not sufficiently far advanced, and the necessity of avoiding too large doses of the drug, especially in young subjects, who are easily affected by it. "Fifteen to thirty minims are practically useless, but two drachms is the maximum for a single dose, though this may be repeated in exceptional circumstances." He further formulates the following rule: "Never administer ergot until the labor is so far advanced that it could, if necessary, be finished with the forceps. Should tonic contractions follow, threatening the child's life, but not terminating the labor, recourse may be had to the forceps."

Dr. Whittle also describes another danger connected with the giving of ergot before the birth of the child; when the placenta is morbidly adherent, great difficulty may be experienced in removing it, on account of the firm contraction of the uterus. He mentions a case in which he had this complication to contend with. After the child had been born the uterus contracted firmly, the os gripping the cord like a vice; this lasted for an hour, at the end of which time the index finger could, with some pressure, be passed into the uterus, and gradually the other fingers and thumb were introduced, but so great was the muscular contraction that this had to be done with extreme caution, for fear of rupturing the uterus. The writer says, "Some idea of the difficulty may be conceived when I explain that, during the whole time I was trying to get the placenta detached the os uteri was contracted round my wrist like an Esmarch's elastic cord."

Suicides in Denmark.

The *Medical Times and Gazette* informs us that, according to official documents recently issued in Copenhagen, the number of suicides in Denmark, for the ten years 1869-78, amounts to 4770, viz., 3709 males and 1061 females. Of these, 58 individuals were less than fifteen years of age: 208 between fifteen and twenty; 549 between twenty and thirty; 617 between thirty and forty; 1153 between fifty and sixty; 818 between sixty and seventy; and 405 above seventy. As to the mode of death, 3714 persons hanged themselves, 754 drowned themselves, 154 employed firearms, and 80 poignards; only 48 (25 being women) took poison. The mode of death in 20 instances is not specified. The number of suicides increases from December until May, and rapidly diminishes during summer and autumn.

Benzoate of Sodium in Gonorrhœal Ophthalmia.

It is said, in the *Lyon Médicale*, March 7, 1880, that Dr. Dor, who, for the last two years, has used the benzoate of sodium with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of sodium was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of a 100 per cent. solution of the benzoate.

Hwang-nao or Hoang-nan.

The *Canadian Pharmaceutical Journal*, for February, 1880, informs us that a new remedy for leprosy and rabies, known in Cochin China as *Hwang-nao*, or according to others, *Hoang-nan*, is attracting some attention in Europe, and is likely to come into use. The English consul in the former country has been directed to send home a quantity of the drug, which is in the form of bark, derived probably from a new species of strychnos, which Mr. L. Pierre, director of the botanic garden at Saigon, has named *S. gautheriana*, in honor of the Roman Catholic missionary who brought the drug into notice. The remedy has been tried for some four or five years in Trinidad, where it has proved of decided value.

Apomorphia in Hysteria.

Mr. James Allen, of New Wandsworth, says, in a communication to the *British Medical Journal*, March 27, 1880, that in September, 1877, while House Surgeon at the Liverpool Northern Hospital, he was called to a woman, aged twenty-four, who had been carried into the out-patient room in a state of hysterical coma. She had been in a somewhat similar state for several days. After the use of other means without

effect, he injected one-tenth of a grain of apomorphia subcutaneously; the patient, in a few minutes, sat up, and was able to walk home with her friends.

The Value of Prolonged Artificial Respiration.

The *Medical Press and Circular*, March 31, 1880, informs us that in a recent communication to the French Academy, Professor Fort raises again the question of premature interments. One fact he mentions is, that he was enabled to restore to life a child three years old, by practicing artificial respiration on it four hours, commencing three hours and a half after apparent death. Another case was communicated to him by Dr. Fournol, of Billancourt, who, in July, 1878, reanimated a nearly drowned person after four hours of artificial respiration. This person had been in the water ten minutes, and the doctor arrived one hour after asphyxia. Professor Fort insists also on the utility of artificial respiration in cases of poisoning, in order to eliminate the poisons from the lungs and glands. The length of time it is desirable to practice artificial respiration in any case of apparent death from asphyxia, Professor Fort has not yet determined, but his general conclusion is that it should be maintained perseveringly for several hours.

An Improved Nitrate of Silver Caustic.

A writer in the *Medical Times and Gazette*, April 3d, 1880, Dr. Sawostizki, has called the attention of the Moscow Surgical Society to an improvement in the preparation of sticks of nitrate of silver. It consists in melting together five parts of nitrate of silver with one part of nitrate of lead, forming an argentum plumbo-nitricum. Sticks formed of this are preferable to those of the ordinary nitrate, as they are not easily broken, and can be pointed, just like a lead pencil.

Treatment of Hydrocele by Injection of Perchloride of Iron.

The *Bull. Générale de Thérap.*, February 29th, 1880, informs us that at a recent meeting of the Paris Académie de Médecine, M. de l'Aulnoit read a paper on the above subject, based on the successful treatment of fourteen cases. Having noticed that albuminous fluids coagulate with great rapidity on the addition of perchloride of iron, he was led to use this agent in the treatment of hydrocele, in the expectation that the fibrinous coagulum so produced would bind together the walls of the sac, and so completely obliterate the cavity. He directs that the hydrocele should first be completely emptied, and that about an ounce of the fluid should then be returned; this is followed by a gram and a half of distilled water, in which are diffused two drops of solution of perchloride of iron. Coagulation at once takes place, there is scarcely any pain, the reaction is slight, and the cure is usually so far advanced by the sixth day that the patient may then be permitted to walk for several hours.

Leprosy in India.

The *British Medical Journal*, April 3, 1880, mentions that a new series of reports on leprosy have been published by the Indian Government, some of which contain statements of considerable interest. Dr. Fitzgerald, of Sháhjahánur, records three cases of leprosy in Europeans resident in India which have come to his knowledge; one the case of a lad, son of a warrant officer at Agra; the second, the case of a lady; the third, the case of a colonel in the Indian Service. In 855 cases the histories expressly state that in 831 the disease was not communicated to the healthy husband or wife; and that in 24 cases both husband and wife were lepers, or became lepers. In a summary of thirty-one reports Dr. Beatson states that "fish, whether fresh or salted, or putrid, has evidently no influence (*in the production of the disease*); for it is nowhere shown (*in the reports*) that the leprous are consumers of these articles, and the non-leprous not so. There is, indeed, some evidence to the opposite effect."

The Modern Views of Phthisis.

We have arranged to publish during the summer a series of lectures on pulmonary phthisis, by Prof. Wm. Pepper, of the Medical Department of the University of Pennsylvania. They will be designed to present in a clear and direct manner the latest results of investigation into the nature and treatment of this most fatal and frequent disease. Our readers may depend upon finding them of the utmost utility in the study of this *opprobrium medicorum*.

Correspondence.

The Insulation of Patients Afflicted with Acute Rheumatism.

Ed. Med. and Surg. Reporter:—

Permit me, through your columns, to call the attention of medical men to a matter that is not new—for I believe I first noticed it in your journal some fifteen or eighteen years ago—but that

does not, in my judgment, receive due attention. I mean the matter of insulating patients afflicted with acute rheumatism.

I should like to have practitioners test the matter. I have, on several occasions within a few years, given it a trial, and while I have not been able positively to attribute to it results that seemed justly attributable to it, yet I have almost been led into the realms of superstition, or, it may be, the realms of scientific reality. Other physicians tell me that they have tried it, with seemingly good results.

It has been brought to my notice to-day, in such a manner as to persuade me to call particular attention to it. I have a patient who has been on his back for over four weeks with a severe attack of the disease in question.

A few days ago, when the wind veered suddenly from the south to the north, bringing with it cold and threatening weather, he was taken suddenly worse, after having been improving for a week, and the disease attacked the heart in the form of pericarditis, attended soon with a fair amount of effusion. Yesterday afternoon I was sent for in haste, as the man was thought to be dying, and taking with me the consulting physician who had seen the case with me several times previously, we set to work to think of something that we had not already tried. We concluded that we would insulate the bedstead. After some trouble we succeeded in getting some glass plates, which we put under the posts. This morning we found the patient better. This, of itself, is not so important, or even strange; but during the forenoon the good wife sat down on the side of the bed, as was her custom, and one of the plates broke. They had difficulty in finding another, and considerable time elapsed before they succeeded. The patient soon changed from comparative ease and quiet sleep to wakefulness, great restlessness and severe pains in many parts. Very soon after the plate was replaced the pains ceased and the patient became calm and easy and passed into a sweet sleep.

When I visited him at two P.M. the good wife told me of this, and thought it so strange. The patient corroborated all of her statements, and said it was not fiction, but strange reality. Was this all accidental, or was it due to insulation? I am not dogmatical, nor am I superstitious, but I do think this matter worthy of further investigation. I hope physicians will give it a full and fair trial.

J. B. Morrison, M.D.

Maryville, Mo., April 9th, 1880.

P. S.—Patient better at eight A.M., 10th.

A Case of Perimetritis, with a Suddenly Fatal Termination.

Ed. Med. and Surg. Reporter:—

In October, 1879, I was called to see Mrs. H., when she gave me the following account of her illness. Lately she had been very irregular in her monthly sickness, and had missed being unwell for about three months, when she was taken with very profuse flooding, and also passed several large lumps, causing her to have some pains at the time. All this passed off without serious trouble, but after the lapse of several days she began to feel a fullness in the pelvis, as if the bowels required to be moved. The midwife in attendance gave her, first, a large dose of castor oil, and, after some hours, this having failed to operate, she administered a dose of senna, and on the failure of the senna, a large dose of salts was given—all these in one day. She was purged, but the pain and bearing down were worse than ever.

Thinking that a good deal of her trouble was caused by the cathartic medication, I directed starch and laudanum injections to be given every three hours, till the pain would be relieved. Not being the family physician, and believing that I was only called on in an emergency, I thought nothing further of the case. But two or three days after that I was sent for again. She then informed me that her trouble still continued, and also that she had had a previous attack of inflammation of the womb. I then made a careful examination and found the pelvis apparently filled with a tumid swelling, particularly at the back and left side; the uterus was pushed forward and to the right, and the parts were hot and sensitive; there was no tenderness or distention of the abdomen, but a slight irritability of the stomach; the skin was moist, and there was scarcely any fever.

The anodyne was ordered to be continued, in case of pain, and a prescription was given to relieve the irritability of the stomach. Early next morning I was sent for, as the patient was not able to pass her water. I answered the call and found her restless and suffering from distention of the bladder. I introduced a catheter and drew off the water, and she expressed herself as entirely relieved from pain and feeling comfortable. This was my third and last visit. I afterward learned that during the day she was suddenly taken ill, and that her own physician, a relative, and another, were called in consultation. They found her in a condition of collapse, with general peritonitis, and death took place a few hours afterward.

I can only account for the sudden change that proved fatal by supposing a rupture of the abscess into the peritoneal cavity. I would liked to have had an opportunity to verify this by a post-mortem examination, but that was not allowable under the circumstances.

Wm. C. Todd, M.D.

Roxborough, Pa., April 9th, 1880.

Anæsthetic Inhalation in Parturition.

Ed. Med. and Surg. Reporter:—

Since my article on "Anæsthesia in Labor" appeared in your journal I have received numerous letters expressive of gratitude, both from the profession and others, and also several inquiries as to the best mode of administration. While an inhaler may be extemporized from a napkin or anything else that may be at hand, I have found the following apparatus, devised by myself, to be the most convenient. The apparatus, in its foundation, consists of a hollow tube and a wire framework, forming a hollow cone, similar to the shape of the napkin and paper cone referred to, which opens and closes

like an inverted umbrella. It is really a cone within a cone, the apices connected by the tube, the smaller some six inches below the larger, the circumference of each base uniting. The larger cone, or outer, is covered with gum cloth; the smaller, or inner, consists of Canton flannel, furred side out, forming a hollow base to the larger, and between the two cones is an air chamber. The hollow tube, as it passes through to this chamber, is perforated, and above the outer cone it spreads out in the form of a funnel. Now, into this funnel is poured the anæsthetic; through the small perforations it is sprinkled upon the Canton flannel, and is evaporated into the air chamber above, or between the cones, perfectly saturating the air; and when the united base of the two cones, about six inches long and four wide, is placed so as to cover the patient's nose and mouth, we see, first, all inspiration must be through the tube, and all expiration must be through the same, except that which may be passed beside the chinks, to draw through being more easy than to blow through against the wooled side of the Canton flannel. Hence, while inhalation is entirely through the tube and saturated air chamber, the air brought into the lungs must necessarily be saturated with the anæsthetic; yet the air returned from the lungs may be passed out without blowing the anæsthetic into the room. We have no loss of anæsthetic; thus it is economical.

Second. The Canton flannel cone, or base, as it may be termed, of the larger cone, may be removed at pleasure, in a moment, and another substituted, without the least inconvenience, if soiled, while the fact of its being in the form of a cone and entirely elevated from the nose lessens the probability of its being soiled. Thus it is cleanly, while it offers the additional advantage, in being elevated, of holding the liquid mixture sprinkled upon it far away from the face, even while perfectly excluding the outside air, sparing the patient the burning of the face so often seen.

Third. The funnel-shaped end of the tube projecting above the outer cone serves as a handle, or the instrument may be held by the wires of its framework by the obstetric patient, inhaling at her pleasure, as I usually allow. It is light, weighing only about from three to five ounces when ready for inhaling. It is small, less than twelve inches long, and when closed is as a child's closed parasol of that length, without a handle, and may be placed in the coat pocket. Thus it is convenient. This instrument is made and for sale by Mr. Kolbe, of this city, 1205 Arch street, at very moderate cost. Hoping I have fully answered all queries, I am truly yours,

Philadelphia. D. M. Barr, M.D.

News and Miscellany.

The Smallpox Scare in Chicago at an End.

All uneasiness at Chicago respecting the spread of smallpox is at an end. The Health Department reports that all the old cases have been isolated and no new ones are reported. The smallpox scare has caused a great rush of the timid, for vaccination, in the last few days.

The Yellow Fever at Rio.

The *British Medical Journal*, April 3, informs us that, according to recent advices from Buenos Ayres the yellow fever has greatly increased at Rio, and that there is a rumor of a fatal case at Montevideo. There is also great dissatisfaction with the quarantine arrangements, the lighter used for quarantine purposes being so small that an outbreak of disease is feared when it is, as is frequently the case, overcrowded with ships' passengers.

San Lazaro—The Leper Asylum at Havana, Cuba.

A correspondent to one of our daily papers who has visited this institution, says that San Lazaro is located just where, in a more modern city, we might look for a big and prosperous hotel. It looks out across a few low houses, upon the fair prospect of the harbor's mouth, and the sea sends its unfettered waves straight in from the northward, dashing up the spray almost to its walls. The place was founded by a philanthropic Spaniard, within a trifle of two hundred years ago, and was restored in 1878. A liberal bequest of neighboring property has always afforded an ample revenue for its support, but within a short time the government has converted a portion of its property, and, as one of the officials of the institution remarked, matters were "not so good."

Remarkable Fecundity.

A woman in the vicinity of Elberfeld has recently given birth to five children who are all doing well. This event, remarks the *Journal des Sciences Medicales de Louvain*, is nothing compared to that recorded by Cyramage, in his *Antiquités*, of a woman who, in 1217, in one accouchement, gave birth to seven children, of whom six lived.

Personal.

—Dr. W. E. Bland, who was shot in an election riot at Edgefield, S. C., is dead.

—Ex-Governor Edward D. Morgan has presented $25,000 to the Eye and Ear Infirmary of New York city.

—M. Labbé has been elected a member of the Academy of Medicine in Paris, in the Section of Surgical Pathology.

—Dr. Henry C. Chapman has been elected Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, to fill the vacancy caused by the death of Dr. J. Aitken Meigs. This appointment will be learned with pleasure by all friends of the College.

—We notice that Prof. W. S. Haines has, owing to press of other duties, been obliged to withdraw from the editorial staff of the Chicago *Medical Gazette*, and that Dr. Harvey W. Wiley, Professor of Chemistry in the Indiana State University, has been appointed in his place.

OBITUARY NOTICES.

—Dr. Samuel Lilly, of Lambertville, N. J., died on April 3d, from injuries received by being thrown from his horse some three weeks prior to his death. Dr. Lilly was born October 28th, 1815, at Geneva, Ontario county, N. Y. He received his early education in Lambertville, studying with his uncle, Dr. Lilly, who was a prominent public man of his day, and was graduated at the Medical Department of the University of Pennsylvania, March 31st, 1837. He was a member of the New Jersey Medical Society, of which he has been President, and of the District Medical Society of Hunterdon County. He contributed many reports of interesting cases to the medical journals. He was a member of Congress from 1853 to 1855. He was also a judge of the Hunterdon County Court, Consul General to British India, and Commissioner of the New Jersey Lunatic Asylum. He held many offices in the State militia, the last of which was Brigadier General. He married in October, 1839, and again February 12th, 1860, both wives being now dead. At the time of his death Dr. Lilly was one of the Judges of the Court of Appeals.

—On April the 5th, Dr. C. H. H. Sayre, of New York, fell a distance of twenty feet, and was picked up insensible and carried to his residence, where he was attended by his father, Dr. Lewis A. Sayre, and several other physicians. It was found that he had sustained severe injuries from his fall, and that there was a compound, comminuted fracture of the left femur, necessitating the removal of large portions of the bone. Although every care and attention has been given him, he has since died. Dr. Sayre was thirty years old and well-known in society. Deceased was born in 1850, and graduated at Bellevue Medical College in 1879, and was appointed there as clinical assistant of orthopædic surgery. He afterward received the post of outdoor surgeon of the Poor Department of Bellevue. During the summer of 1879 he visited Europe with his father, where he assisted him in his brilliant demonstrations at Cork, Paris, and above all, in Amsterdam, where he, in conjunction with his father, elicited the admiration of the immense audiences of medical men from every part of the known world.

—Dr. John W. Hamilton, of Brooklyn, N. Y., died suddenly at his residence, No. 435 Classon Ave., on April 11th, in his sixtieth year. He was a native of Pennsylvania and a graduate of the Jefferson Medical College. He served as a surgeon during the war, and settled in Brooklyn fourteen years ago. He was buried with Masonic honors.

QUERIES AND REPLIES.

Luke, the Physician.

Criticus resumes his observations on "Luke, the beloved physician," as follows: "1. Luke is the abbreviation of two very common ancient names, Lucianus and Lucilius. 2. Luke, the Evangelist, died about 75 A.D. 3. The earliest authority for identifying him with the physician, Coloss. i, 14, is Irenæus, who wrote his treatise 181 A.D., more than a hundred years after Luke's death. 4. There is not a line or a word in either the third Gospel or the Acts (both written by the same hand) which indicates that their author was a physician. 5. Another tradition, later, to be sure, but widely received, alleges the Evangelist was a painter by profession. 6. Hence, the assertion that the Evangelist was the physician is merely a plausible guess."

—*G. H. N., of Rome, Ga.*, writes that the name *Luke* occurs only three times in the New Testament—Col. iv, 14 (the Physician), 2 Tim. iv, 11, and Philem., i, 24. Without positive knowledge the learned author of Smith's Bible Dictionary considers it probable all three names refer to the third Evangelist. Luke was a Gentile and a native of Antioch, in Syria (Eusebius' Hist., iii, 4. *Lucius*, Acts xiii, 1, Rom. xvi, 21, was a Jew, a kinsman of the Apostle Paul. (See last quotation.) He considers this testimony as altogether *superior* to mere tradition, since there is *no other Luke known* to be mentioned in the books, whose writers are *very discriminating* as to the names of their characters.

—*G. R. C., of Barrsville, Columbia Co., Fla.*, asks for information regarding the value of *Piscidia erythrinia* as a substitute for opium in painful affections.

Ans.—It is mentioned in the U.S. Dispensatory, among non-officinal medicines, as a powerful narcotic: Stillé, in the National Dispensatory, makes no mention of it whatever. We believe that it has been very little used. Should some of our readers, however, have had the opportunity to test its value, we hope they will enlighten us on the subject.

MARRIAGES.

Bergen—Silvers.—At Cranbury, N. J., March 23d, by Rev. Joseph Van Dyke, E. H. Bergen, M.D., of Princeton, and Annie L., daughter of Ezekiel Silvers.

Carrell—Danenhower.—At Hartsville, Pa., March 31st, by Rev. G. H. Nimmo, John B. Carrell, M.D., of Hatborough, and Lizzie S., daughter of Abram Danenhower, Esq.

Oakley—Brashear.—At St. Andrew's Church, Pittsburg, Pa., Tuesday evening, 13th inst, by Bishop Kerfoot and the Rev. R. J. Coster, Mr. John M. Oakley, of Pittsburg, and Miss Imogen, youngest daughter of B. B. and K. Whitacre Brashear, of Akron, Ohio.

Schlosser—Weckerly.—On March 24th, 1880, by Rev. D. W. Gordon, at the Siloam M. E. Parsonage, Gerhard Schlosser, M.D., and Miss Lizzie Weckerly, both of Philadelphia.

Wallace—Wilson.—At Aledo, Ill., March 30th, by Rev. Robert Edgar, Joseph M. Wallace, M.D., and Nannie M. Wilson.

DEATHS.

Brown.—Suddenly, on the 6th instant, Dr. William Brown, in the 68th year of his age.

Franklin.—At Newark, N. J., April 2, 1880, Jane Cozine Dorland, aged 33 years, wife of B. Franklin, M.D.

Helmuth.—In this city, on the 8th instant, William Sheaff Helmuth, M.D.

Kirby-Howard.—At the residence of the bride's father, by Rev. Wm. Howard, Dr. W. H. Kirby and Miss Sarah P. Howard, both of Kenney, Ill.

Knight.—Near Fox Chase, 23d Ward, this city, on April 1, 1880, Dr. John Knight, aged 36 years.

Lilly.—At Lambertville, N. J., April 3, 1880, at 12 o'clock, noon, Samuel Lilly, M.D., in the 65th year of his age.

Ritter.—At Morrisania, April 1, Mary, widow of the late Washington Ritter, M.D., aged 70 years.

Walter.—In New York, on Sunday morning, A. H. Walter, M.D., youngest son of John F. and Christiana Walter, aged 32 years.

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Communications.

ON THE OCCURRENCE OF SYMPATHETIC OPHTHALMIA, CONSEQUENT UPON LINEAR EXTRACTION OF CATARACT.

BY DR. M. LANDESBERG,
Of Philadelphia.

The statistical reports on the results obtained by cataract operations, their subdivision as perfect and imperfect successes and failures, are but of relative value in judging the intrinsic worth of the operative procedure. They show us only the condition of the operated eyes at the time of their discharge from medical treatment. Of their after history hardly any notice is given. And just this knowledge of the further condition of the operated eyes is the touchstone by which the real value of the method of operation should be tried. The issue of a cataract operation, whatever it be, is not always final. The operated eye is liable to various morbid processes, and the primary success may subsequently turn into failure. But there is still another point which deserves our earnest attention. So far we have considered the eye only which had been operated on for cataract, leaving out of sight the other one. A very serious question arises, whether the reactive processes are limited to the eye only in which they first appear, or whether they draw into sympathy the other eye also. Recent experiences have made us acquainted with the fact that, consequent upon reactive morbid alterations of the eye operated on for cataract, sympathetic ophthalmia may set in in the other one, which had been all the time perfectly healthy, endangering or even destroying its vision.

One of the principal causes for abandoning one of the oldest methods of cataract operation, was the observation that reclination in one eye has not unfrequently been followed by sympathetic ophthalmia in the other one. This fatal occurrence we also meet, in very rare cases indeed, with the flap extraction, according to Daviel, and linear extraction, according to Von Grüefe. In his monograph "On the Pathology and the Therapeutics of the System of the Lens," published in 1875. Becker reports twenty-two cases of sympathetic ophthalmia, consequent upon linear and flap extraction of cataract, made known until then. Of these seven belong to the flap operation, and fifteen to the linear extraction. Subsequently a few further cases of sympathetic ophthalmia, consequent upon linear extraction of cataract, have been published.

The causes for the primary reactive processes which induce sympathetic ophthalmia in the other eye are as follows:—

1. Incarceration of iris in the wound.

2. Incarceration of a piece of the lenticular capsule in the wound, with consecutive stretching of the zonnula zinii and ciliary body, followed by detachment of the latter.

3. Shrinking of the lenticular capsule, combined with stretching of the iris and ciliary body.

4. Lesion of the ciliary body in consequence of a section made too peripheric.

In regard to the paucity of the material and the high importance of the matter, I may be allowed to publish the following cases of sympathetic ophthalmia, consequent upon linear

extraction of cataract, which came under my observation:—

Case 1.—H. F., merchant, sixty-eight years old; had been operated on in the last days of August, 1869, for cataract of his right eye. When discharged, after four weeks' treatment, the eye was free from any irritation, and able to read, with the proper glasses, medium large print. This condition lasted for about two months, when intermittent irritation and inflammation set in, and vision gradually failed. In spite of the treatment, to which the patient immediately recurred, the morbid process took its pernicious course, drawing into sympathy the left eye, which had enjoyed perfect vision until then. When patient came under my notice, April 6th, 1870, I made the following statement:—

Right Eye.—Eyeball slightly phthisic; intense subconjunctival injection; cornea somewhat shrunk; membrane descemetii occupied by numerous dots: artificial pupil upward; sclero-corneal cicatrix retracted; pupillary region occupied by connective tissue; iris hyperæmic, swollen and drawn upward; intense cyclitic irritation; upper ciliary body tender to the slightest touch; perception of light doubtful in the upper part of the field of vision.

Left Eye.—Photophobia and lachrymation; Slight pericorneal injection; anterior chamber shallow and somewhat cloudy; iris greenish, hyperæmic; pupil of very slow reaction; numerous filiform posterior synechiæ; vitreous cloudy; fundus oculi veiled; retinal vessels greatly distended and tortuous; optic disc hyperæmic; V. $= \frac{5}{12}$. With + 10, Jaeger 5. Field of vision upward contracted.

Treatment.—Enucleation of the right globe. General mercurial treatment. Applications of atropia and warm poultices to the eye. Perfect success. All symptoms of irritation and inflammation subsided. Posterior synechiæ were torn. At discharge V. was $\frac{9}{12}$. With + 10, Jaeger 2. Field of vision and condition of pupil normal. Vitreous clear. In the peripheric parts of the retina some choroidal atrophies.

Case 2.—W. C., peddler, sixty-one years old. Had been operated on for cataract of his left eye, in New York, fifteen months previous to his coming to my notice. Recovery was very quick, and condition of vision satisfactory, the eye having been able to read, with the proper glasses, even small print. After a year of good health slight irritation to light and lachrymation set in, which was followed by redness of the eyeball and ciliary neuralgia. The appearance of the eye became dull and vision gradually diminished. The right eye had remained normal up to the first days of September, 1876, when a large, grayish spot appeared before it, obscuring central vision, which gradually failed. When I saw the patient, October 26th, the condition of the eyes was as follows:—

Left Eye.—Intense subconjunctival injection. Numerous dots on membrana descemetii. Iris swollen, discolored, hyperæmic. Artificial pupil upward. Incarceration of iris in the wound. Membrane in pupil. Opacities in vitreous. Tension somewhat increased. Upper ciliary region tender to the touch. Fundus oculi cannot be seen. V. $= \frac{5}{200}$, with + 3. With + 2. Jaeger 16.

Right Eye.—Refracting media clear. Pupil slightly oval, of slow reaction. V. $= \frac{5}{8}$. With + 10, Jaeger 8. Central scotoma. Normal field of vision. Optic disc greatly hyperæmic, swollen and protruding. Peri-pupillary region indistinct. Vessels somewhat veiled. Arteries normal, veins engorged and tortuous. Retinal hyperæmia.

I resorted to a strong mercurial, and diaphoretic treatment, combined with artificial leeches. Besides, warm poultices and atropia were applied to the left eye. When the inflammatory symptoms of the left eye had subsided I removed the incarcerated edges of the iris, excising, besides, a large piece of both sides of the iris, enlarging thus the existing artificial pupil. Good recovery. At discharge, December 21st, the result was as follows:—

Left Eye.—Tension normal. No trace of irritation. Membrana descemetii slightly dotted. Iris dirty grayish (right iris blue). The lateral parts of the coloboma are free; pupillary membrane is more transparent; vitreous shows only very few opacities. In the peripheric parts of the retina there are some choroidal atrophies and pigment macerations. V $= \frac{15}{100}$, with + $3\frac{1}{2}$. With + 2, Jaeger 5.

Right Eye.—V $= \frac{5}{8}$. With + 10, Jaeger 3. Central scotoma smaller and much more transparent. Central excavation of the optic disc, which is of palish hue, while the peripheric parts are reddish. Peri-pupillary region is distinct. Arteries are somewhat thin. Veins are normal.

While subsequently the condition of the left eye somewhat improved, vision becoming $\frac{5}{8}$ and Jaeger 3, atrophy of the optic disc developed in the right eye, with concentric limitation of the visual field. Vision gradually diminished down to counting fingers at 5′.

Case 3.—K., smith's wife, forty-eight years old, of very poor health and prematurely old, came under my care August 25th, 1877, with mature soft cataract of both eyes. August 27th I operated on the right eye, according to Von Graefe's method. Course of operation was perfectly normal, and, as far as could be ascertained, no cortical remnants were left in the eye. The healing process being very favorable, I performed, September 2d, the cataract operation on the left eye. Course of operation was normal, and no fragments of cortex were left in the pupillary region, which appeared perfectly clear, even on oblique light. On the following day pupillary region cloudy; iris hyperæmic, greenish; chemosis of the upper, inner part of the conjunctiva bulbi. No pain.

September 4th. Pupil occupied by a thick layer of yellowish matter; anterior chamber cloudy; considerable chemosis of the conjunctiva bulbi; ciliary region tender to the touch. In spite of the treatment, to which I resorted from the very beginning of the irritative symptoms, the morbid process progressed, leading to purulent irido-cyclitis.

Up to September 20th nothing abnormal was noticed in the right eye, the vision of which had increased to $\frac{1}{20}$, when slight symptoms of irritation appeared, accompanied by photophobia and lachrymation.

September 24th. Intense peri-corneal injection; pupillary region covered by exudation; iritis, with small hypopyon. One defined spot of the upper ciliary region, outward from the superior muscle and corresponding to the identical tender spot of the left eye, exceedingly sensitive to the touch. Intraocular pressure somewhat decreased; vision counts fingers at 3′.

In this emergency I felt justified in proposing, at once, the enucleation of the left eyeball, to which patient readily consented. The beneficial effect of the enucleation on the right eye was very striking. Six hours afterward there was no tenderness in the upper ciliary region, and tension was perfectly normal. No trace of hypopyon after twenty-four hours. All inflammatory symptoms subsided very rapidly. Vitreous, which at first showed some diffuse opacities, cleared up. Fundus oculi was normal. The iris remained somewhat discolored and slightly stretched. Coloboma was free. Vision gradually improved to $\frac{1}{6}$, with $+ 3\frac{1}{2}$. No consecutive reactive symptoms during an observation of nearly two years.

Case 4.—C. D., laborer, fifty-nine years old, had been operated on, October, 1877, for cataract of his left eye. Inflammation set in on the second day after operation, from the effects of which the eye never recovered, remaining all the time irritated and somewhat drawn into the orbit. The little vision it first showed gradually vanished. His right eye had remained perfectly healthy up to the first days of August, 1878, when small floating bodies appeared in its visual field, with which were associated photopsies and spectral appearances of light. The objects became dim and veiled. Vision gradually diminished, the sight failing entirely in the twilight and at night. When patient came to me, November 14th, 1878, examination showed—

Left Eye.—Phthisis of the eyeball. Intense episcleral and conjunctival injection. Cornea shrunk, opaque, occupied in its centre by lime incrustations. Anterior chamber almost obliterated. Upward coloboma filled up with connective tissue. Sclero-corneal scar retracted. Iris drawn upward, and rotten. Upper ciliary region tender to the touch.

Right Eye.—V = $\frac{5}{30}$. With + 6 Jaeger 13. Field of vision cannot be measured. Tension normal. Pupil somewhat contracted, and of very slow reaction, even on oblique light. Repeated instillations of atropia dilate the pupil only below the median. Fine opacities of vitreous. Diffuse retinitis. Optic disc hyperæmic; arteries normal; veins greatly engorged and tortuous; peri-pupillary region veiled; superficial layers of the retina suffused with serous exudation.

Therapeutics.—Enucleation of the left eyeball. Strong mercurial and diaphoretic treatment, and artificial leeches applied to the right temple.

After two weeks' treatment there was marked improvement in the condition of the right eye. Opacities of vitreous; serous infiltration of retina diminished, and vision increased to $\frac{1}{10}$. There was no progress whatever in the subsequent three weeks, and, in consequence of a debauch, aggravation of the morbid process. Opacities of vitreous increased. Small white dots appeared, disseminated over the whole retina, and optic nerve showed all the symptoms of choked disc. Vision decreased to counting fingers at 8′. Further medication was of no avail.

Case 5.—H. G., brush maker, forty-four years old, had been operated on, October, 1878, for cataract of his left eye. Intense inflammation set in on the following day. In the second week dark spots, floating up and down, and flashes of light, appeared before his right eye, which had been

perfectly healthy until then. Vision rapidly failed to such a degree that, at Christmas, patient was not able to recognize the face of his children. Then vision spontaneously improved up to the condition, as stated April 10th, 1879, when patient first came under my notice.

Left Eye.—Phthisis of the eyeball. Iridocyclitis. Upper ciliary region, outward from the superior muscle, sensitive to the slightest touch. Incarceration of both edges of the artificial pupil in the wound. Occlusion of pupil.

Right Eye.—Vision counts fingers at 5′, Jaeg. 15. Field of vision cannot be measured. Intraocular pressure diminished. Pupil of normal shape and of fair reaction. One spot of the upper ciliary region, corresponding to the identical spot of the left eye, is very tender to the touch; the latter is always followed by the appearance of intense peri-corneal injection. Cornea, iris and lens normal. The ophthalmoscope reveals the following condition: The whole hyaloid space is traversed horizontally by large, darkly-pigmented membranes, which, immovable and arrayed, like partitions, close to each other, divide the vitreous into different interstices. The latter are transparent, and contain fine, filiform floating opacities. Fundus oculi cannot be seen. No therapeutics.

The conclusions which we draw from the fact of the occurrence of sympathetic ophthalmia, consequent upon extraction of cataract, are as follows:—

1. The operation has to be performed with the utmost care and attention, in order to avoid, as far as possible, the secondary reactive processes of the operated eye.

2. In cases of failure, with phthisis of the eyeball, we should rather proceed at once to the enucleation of the phthisic eyeball, thus preventing the other eye from becoming involved in the morbid process. Here we have to enlarge the indications for the enucleation.

3. In cases of one-sided cataract we should rather abstain from the operation on the cataract as long as the other eye shows good vision, which enables the patient to attend to his calling. The indications for the cataract operation ought to become restricted. 1912 *Arch Street.*

THE SUMMER DIARRHŒA OF ADULTS.

BY HORATIO R. BIGELOW, M.D.,
Of Washington, D. C.

With the approach of warm weather the physician will not unwisely occupy himself with the consideration of a class of cases which cover a wide domain of symptomatology, and in which an intellectual therapeutical discrimination is absolutely necessary. The professional practice in cities during the summer months is largely confined to the treatment of diarrhœas, so that it may not be amiss to dwell somewhat at length upon a general analysis of the disease in its varying forms, and to point out the indications of remedial interference. It is my purpose to deal only with essential and reflex diarrhœas, so that the questions of dysentery, cholera, etc., need not cumber the present discussion.

Etiology.—A man of adult years complains to us of a diarrhœa and its concomitant symptoms. What shall we give him? Naturally, the first question demanding solution is, upon what condition does the diarrhœa depend? What has caused it?

A diarrhœa results from increased peristaltic action of the intestines, or from excessive secretion, or from the two combined. The exciting causes of these phenomena, in relation to the subject in hand, and which will apply to the majority of ordinary cases, are—

1. Intestinal irritation by improper or unripe food and fruit, impure water and constipation.

2. Changes of temperature, bad air, antihygienic conditions, fatigue and malarial influences.

3. Obstruction of the portal circulation.

4. Excessive mental excitement.

There are, of course, *vicarious* diarrhœas, the diarrhœas of typhoid fever, of phthisis, cancer, Hodgkin's disease, etc., but these are intercurrent phenomena, the local manifestations of constitutional disturbance, and are to be met in the general treatment of the primary lesion.

In general summer practice it will be found that nearly all of the cases that come to us for treatment will depend upon some one of the foregoing exciting causes. It is essential that the diagnosis should be an accurate one, to insure successful treatment.

Diagnosis.—The history of the case will first arrest attention. The social condition of the patient and his hygienic surroundings. The duration of the disease. The nature of ingesta. The length of time between the last meal and the first symptoms of the attack. The nature of the last meal. The character of the discharges. The coexistence of nausea. The presence of headache, increased upon movement of the head. The condition of the tongue. The daily occupation of the patient. His condition in reference to insomnia. The distinction between the various forms may be confirmed from the symptomatology.

Symptoms.—1. Unripe or improper food; impure water; constipation—acting as intestinal irritants. When an adult has eaten unripe fruit, or vegetables not perfectly fresh, the symptoms of colic, with or without diarrhœa, soon manifest themselves. There is flushing of the face; more or less activity of the perspiratory glands; a binding, gnawing pain along the greater curvature of the stomach, with nausea, often amounting to emesis. The pain may be very intense, but is neither increased nor diminished by pressure. The diarrhœa which follows may be profuse, liquid and lienteric, if the ingesta are forced along the canal by the peristaltic action. Should any undigested matter remain, the discharge is scant and unsatisfying, while tormina and tenesmus are prominent. This form of summer complaint yields readily to appropriate treatment, leaving no ill effects. When the diarrhœa is due to constipation we shall usually have the history to guide us. The general symptoms are small, feculent discharges, usually liquid, the accumulated fæces acting as a foreign body and setting up an irritation; or small, round, hard masses may also be discharged. Hard, indurated swellings may often be made out along the course of the colon. There is a general sense of malaise.

2. Excessive fatigue occasions an ephemeral diarrhœa which has no especial history other than its exciting cause. In those cases wherein the flux is the result of anti-hygienic conditions we will be apt to have more or less constitutional disturbance. The face will be pale and pinched, eyes sunken, with general emaciation. There is constant diarrhœa, painless and crapulous. Pulse quick and shallow.

3. Obstruction of the portal circulation. The "bilious diarrhœa" of common parlance. What physician will not recognize the vertigo, the headache that comes and goes and is increased by physical activity, the bad taste in the mouth and coated tongue, the drowsiness and languor, and the foul odor of the discharges. The ideal disease of the laity.

4. Excessive mental excitement. This is the most severe and often the most obscure form of the disease. It will not yield to the usual astringents, and is accompanied by many distressing symptoms. We have a history of mental strain, at a time when the heat of the summer has been most intense. There is irregular action of the heart, with palpitation. Insomnia. Excessive nervous irritability, with photophobia. There is pronounced mal-assimilation, with gastric irritability. Each active cerebral effort is followed by intestinal discharge. In few other diseases have we such a typical example of the influence of the mind upon the body. This diarrhœa is essentially reflex, and can be controlled only by treating the nervous system. In general we have to decide whether it is desirable to check the flux, whether we shall give cathartics or purgatives, or nerve tonics, and what combinations best subserve these ends.

Treatment.—In all cases where we have reason to suppose that there is undigested food in the alimentary track, it is good practice to exhibit at the very commencement a dose of castor oil and opium. This somewhat nauseous admixture may be rendered palatable by combining with it compound tincture of cardamoms, oil of gaultheria, pulverized acacia, white sugar and cinnamon water. Should there be extreme pain or cramp, a spiced hop poultice (hops, cinnamon, cloves, linseed and brandy) over the abdomen gives much relief. While the subcutaneous injection of vj–x minims of Magendie's solution will quiet pain and nausea. If the stomach is incapable of retaining the oil, it should be administered as an enema. A persistent diarrhœa should be treated with powders of oxide of zinc with bicarbonate of potash, or with gallic acid and opium. Where the anæmia is marked, the debility extreme and the diarrhœa malignant, in the sense that some anæmias are said to be malignant, there is no more desirable mixture than the elixir of calisaya bark and aromatic sulphuric acid. If the tendency be to cholera, quinine and ergot, or carbolic acid, should be given with hot brandy punches, with laudanum, or the subcutaneous injection of the hydrate of chloral. The simple, uncomplicated diarrhœa that one meets so often in the summer will usually yield to a little chalk mixture with tincture of krameria; when more severe we may use a mixture of tincture of opium, spirits of chloroform, alcohol and spirits of camphor. An enema of the sulphate of copper before breakfast is useful in many cases of great tenesmus. As a general rule, when sent for to attend a case of cramps resulting from unripe fruit, or anything of that nature, I order a castor oil enema at once, with the immediate application of a hot spiced hop poultice over the abdomen. If necessary I add a subcutaneous injection of morphine, and leave the patient with the assurance that he will be well in a few hours, and that nothing more will be necessary. If an adult patient comes to my office complaining of an active diarrhœa, attributable to no other cause than that of heat and

over exertion, I order him a few powders of the oxide of zinc and bicarbonate of potash, to be followed by a mixture of the clixir of calisaya and sulphuric acid. If the diarrhœa be due to constipation we have nothing better than a pill of extract of nux vomica, extract of belladonna, with extract of physostigma. These should be taken regularly, to overcome the habit, which is due probably to a relaxed condition of the muscular coat of the bowel. The anæmia of malaria attended with diarrhœa is admirably treated with a pill containing chinoidine, sulphate of iron and the resin of podophyllum. Astringents, as we usually understand the term, are of no possible avail. They do not reach the seat of the disease. An ordinary bilious diarrhœa, not due to catarrhal or obstructive jaundice, will generally yield to a pill containing Turkey rhubarb, resin of podophyllum and blue pill, with a little hyoscyamus, to prevent griping. After decided action has resulted we may put our patient upon a mixture containing dilute nitro-muriatic acid. The diarrhœas preceding attacks of icterus are treated with a pill of purified ox bile, sulphate manganese and podophyllum, or with the hydrated succinate of the peroxide of iron. In the reflex diarrhœa due to intense heat, with excessive mental excitement, we have a remedy above all others. Finally, powdered ice applied to the whole length of the spine, in one of Dr. Chapman's ice bags, for one or two hours at a time, has a wonderful and immediate effect. It relieves the hyperæmia of the nerve centres, tranquillizes nervous irritability, overcomes insomnia and checks the diarrhœa. In diarrhœas generally, attended with great nervous prostration, we have nothing in medicine of half the value. In these cases the great object to be attained is to subdue as rapidly and completely as possible the hyperæmia of the spinal cord and sympathetic ganglia, and reëstablish the healthy equilibrium of the circulation, and while the future may demonstrate the way in which this may be accomplished by galvanism, we have not now any means of reaching the automatic nervous centres comparable to that of ice applied along the spine, together with heat to the general surface. With this we may give bromide of lithium and calisaya, or the clixir of calisaya, quinine and strychnia.

Hygienic Considerations.—Air, clothing and food are three essential factors in any consideration of health. A well ventilated room, with an even temperature, free from draughts must be insisted upon. It is often necessary to advise a temporary change of residence in obstinate cases, and nothing seems to be more desirable than a camping-out excursion. Absolute cleanliness must not be lost sight of. A strip of flannel worn around the bowels, underneath the undershirt (which should be worn all summer), is often of benefit. Where there is persistent gastric irritation, the patient should be made to eat a very little raw beef, chopped fine and seasoned with salt and, perhaps, a little red pepper, every two or three hours. Ordinarily the diet should be restricted to milk rations, and in extreme cases nothing should be allowed but a little milk and lime water.

General Considerations.—A strict adherence to my subject, conjoined with a proper regard for condensation, makes it necessary to leave unsaid much that might with profit be written. There are drugs without number familiar to physicians, which are of more or less consequence in the treatment of diarrhœas. The combinations that I have mentioned are the best for the purposes indicated, of which I have knowledge, and it is best to be unincumbered of a number of formulæ of doubtful efficacy. For this reason I have not referred to a fatty diarrhœa, because it is exceedingly rare, and in the treatment of it we are in the dark. Neither is it within the scope of this article to enter into a discussion of chronic diarrhœas, which rely for ultimate cure upon a strict dietary regimen, with tonic mixtures. It is advisable to begin treatment in every case with the combination which we have a reasonable hope will result successfully, rather than to temporize with drugs which may or may not accomplish the desired object.

David Young, M.D., of Florence, Italy, in the *Practitioner*, for March, 1875, and December, 1879 (Napheys' Therapeutics), states that in nearly every form of diarrhœa he trusts almost exclusively to diet, and to one or two forms of castor oil emulsion. For instance—

℞.	Olei ricini,	♏xxiv	
	Spt. chloroformi,	ʒiss	
	Sol. morph. mur.,	ʒj	
	Pulv. gum acaciæ,	ʒss	
	Aquam, ad	ʒiv.	M.

Sig.—A small dessertspoonful every hour and a half until the bowels are quieted.

He adds the following rules:—

1. When the diarrhœa is chronic, and the stools contain mucus, he increases the dose of castor oil from two to four drops.

2. If the pain is very severe, six drops of morphia (Sol. B. Ph.) may be given with each dose, but he has never had occasion to give more.

3. If the mixture is carefully prepared it is pleasant and readily taken, and the taste of the oil is so completely covered that in only two or

three cases of the large number in which he had given it was the mixture suspected to taste like castor oil.

4. The mixture does not keep well, especially in warm weather, but the addition of four grains of quinine to a three-ounce bottle will keep it fresh for several weeks. Sir J. Fayrer, F.R.C.P., of British India (*op. cit.*), believes that in the treatment of chronic diarrhœa *diet* is the most important element, more so than drugs. He advises milk and lime water (one-third lime water) at frequent intervals. Beef tea, raw beef juice, or a raw egg, may sometimes be given. Tea and coffee should be avoided.

Drs. Burkhart and Ricker, Stuttgart, Germany, use the following preparation of the active principle of coto bark :—

℞.	Cotoinæ,	gr. j
	Aquæ destillatæ,	fl. ℥ iv
	Alcoholis,	gtt. x
	Syrupi,	fl. ℥ j. . M.

Sig.—A tablespoonful every hour.

In some cases of great general prostration I have used a pill, most excellently compounded by McKesson and Robbins, after the following formula:—

℞.	Strychnia,	$\frac{1}{100}$ gr.
	Phosphorus,	$\frac{1}{100}$ gr.
	Ext. cannabis indica,	$\frac{1}{10}$ gr.
	Ginseng,	1 gr
	Ferri carb.,	1 gr.

In the *Practitioner*, Dr. J. M. Fothergill writes as follows: "Look at the treatment of diarrhœa. How commonly is an astringent mixture, containing an opiate, prescribed, without further reflection? Of course, in a great many cases immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm; in those cases where there is an offending mass in the intestines, setting up a secretion to sweep it away, but where the secretion is set up too low for its removal there is a teazing diarrhœa, a persistent desire to go to stool, with small, ineffective motions, affording no relief. Here the ordinary diarrhœa mixture does harm; and what effect it has is to arrest a spontaneous reflex act, often of a beneficial character. The proper treatment is to administer a dose of castor oil, or better still, a scruple of rhubarb, in powder, by which secretion is set up above the offending mass, and it is swept away; after which diarrhœa ceases. The secondary action of rhubarb in constipating the bowels renders it the agent *par excellence* for the treatment of this form of diarrhœa. The astringent and opium treatment of diarrhœa is equally or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persisting diarrhœa. The usual mixtures in great variety are prescribed, without effect; at last the persisting tenesmus drives the patient to a rectal surgeon, who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhœa is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhœa, else the patient's condition would indeed be a serious one. The mass is removed, and then the diarrhœa spontaneously ceases.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. ROBERTS BARTHOLOW, JANUARY 8, 1880.

Reported Phonographically for the Medical and Surgical Reporter.

Ambulant Typhoid; Remarks on the Specific Treatment of Typhoid Fever.

Gentlemen, I have to-day an extremely interesting series of cases. I begin by exhibiting an ambulant case of typhoid fever, walking typhoid, as it is called. It is extremely rare that you will meet a case of walking typhoid; although, as they are sometimes seen, it is very important that they should be recognized early. This patient, although in his second week, and presenting all the typical phenomena of typhoid fever at this stage of the disease, was up to yesterday morning still on his feet, and he walked to the Hospital. Finding him so ill, he was at once admitted into the ward and placed in bed.

I have said that he was in his second week. What are the phenomena of this stage of the disease, which confirm the history he has given? In the first place there is a peculiar hebetude of mind, with some confusion and mental wandering. He has not had any delirium, but simply stupor. It is not every case of typhoid that is characterized by the ordinary low, muttering delirium; many only have stupor; and indeed the name typhoid was derived from this low condition. Besides some fullness of the abdomen (tympanites) and diarrhœa, we have, in the second week particularly, the peculiar, well marked eruption of typhoid fever. It is present here, though not so well marked as yesterday; here and there on the surface of the abdomen and the lower part of the chest are minute red points, lenticular spots, quickly disappearing on

pressure, and as quickly returning when the pressure is removed. There is gurgling upon deep pressure in the right iliac region, due to ulceration and the accumulation of gas or wind at this point; and there is more or less tenderness at this place. There is also an increase in the size of the spleen, *i. e.* increased dullness in the splenic region; and there are some pulmonary symptoms. Upon examination of the chest we find diminished sonoriety over the upper part of the left lung, due to catarrhal swelling of mucous membrane. There is always some bronchial catarrh in typhoid. Very often, as in this case, it occurs that hypostatic congestion is found at the lower part of the lungs. The temperature and pulse correspond with those of a simple case of the fever at this stage. He tells us that he had bleeding at the nose and that he has five or six stools a day; they have been examined, and are the ordinary characteristic stool. One of his complaints was that as soon as he took his meals he had a movement of the bowels.

Such are the simple and striking phenomena of the case of ambulant typhoid, differing in nothing from the usual form of the disease, except that the patient continues walking about, dejected, miserable, and consumed by fever, instead of taking to his bed. He has been put upon what is called the specific treatment of typhoid—five drops of compound tincture of iodine, to be given well diluted with water. By the specific treatment I mean a kind of treatment adopted in Germany for this malady, with special reference to the destruction of the poison which causes the disease. The other form of specific treatment includes three or four doses of calomel, five or ten grains at a time, given during the first week. I prefer the systematic administration of iodine during the three weeks. Under this treatment, with proper diet and nursing, the mortality is very much diminished.

When the temperature gets too high we will have to modify the treatment. If the thermometer placed in the axilla reaches 105° we will have to institute measures to depress the temperature, because a long-continued high temperature brings about changes in the muscular structure of the heart and in the brain, and thus becomes a source of depression. A fatal result may be due simply to high temperature. By the use of baths a certain amount of heat can be carried away from the body; and by the administration of antipyretics, such as quinine and salicylic acid, its production is lessened. Of all the remedies that reduce temperature, upon the whole, I prefer quinine. Liebermeister, a high German authority on this subject, has stated that if he had to make a choice of all the leading antipyretics he would choose quinine. The temperature now, in this case, is only 102°, and therefore not sufficient to demand active antipyretic treatment. We will continue the use of the iodine and attend to the proper dietetic management; and if the temperature goes above 104° at any time he shall have the antipyretic regimen, giving him from twenty to thirty grains of quinia in the evening, and graduated baths to keep the temperature down below this point, repeated as often in the twenty-four hours as may be found necessary. If the diarrhœa should prove troublesome it will require attention. As long as its discharges are not more than two or three a day it is not necessary to interfere; but if they go beyond this he shall have—

℞. Liq. potassii arsenitis, gtt. ij
Tincturæ opii, gtt. iv. M.
To be repeated as often as may be needed.

This is one of the best means of treating the diarrhœa of typhoid fever that we have at our command.

The Treatment of Pulmonary Hemorrhage.

The case before you is one which has just come in, suffering with hemorrhage, and reports having lost two basinfuls of blood by expectoration. What is the best means to pursue for the arrest of pulmonary hemorrhage? The very best remedy, in my opinion, is what we here constantly employ—Squibb's extract of ergot, or ergotine, as it is termed. Of this, as much as twenty or thirty grains may be given hypodermically, although so large a quantity is seldom necessary, and it will generally suffice to introduce five or six grains. It is exceedingly difficult to decide whether any remedy is efficient in this condition, since the hemorrhage constantly subsides spontaneously, and any drug that happens to be given at the time, of course, gets the credit; but the stopping of the spitting of blood so often follows the injection of ergot that I have no doubt that these cases are benefited by its administration. Another remedy is ipecac. It seems strange to use it in pulmonary hemorrhage, but it is one of the best means that we have. In causing nausea and vomiting it affects directly the pulmonary circulation. You should give enough ipecac. to cause nausea, and be indifferent whether it causes vomiting or not. One of the dangers of the condition is that the blood will remain in the air cells and smaller tubes and close them, and thus set up irritation and further mischief. The administration of ipecac. has the advantage of clearing the lobules, and at the same time it has an influence upon the circulation, which makes the vomiting entirely safe. He shall have—

℞. Extract ergot, fluid, ʒ ss–j
Extract ipecac., fluid, ♏v. M.
Every three or four hours.

Ice should be applied to the chest, and pieces of ice allowed to melt in the mouth. The patient is to be kept as quiet as possible, in a semi-recumbent posture. A very common household remedy is table salt, and it is not without effect, but ice is more valuable. A large piece of ice placed at the nape of the neck will sometimes succeed, especially if followed by hot water. The quick alternation of heat and cold produces a most decided contraction of the arterioles, and is better than cold alone.

If the hemorrhage prove persistent we may employ blood letting, in order to quickly reduce the blood pressure.

A Case of Cerebral Thrombosis—Points of Diagnosis and Treatment.

You perceive the peculiar motions of this man

as he takes off his coat; he makes his left arm help the right one materially. Some time in last May he tells us that he felt a shock running through the right side of his body, and unpleasant sensations in the right arm and leg; following this he experienced complete loss of power in the right side.

The attack also impaired the function of speech temporarily, but the loss of motion was more permanent. He has slowly regained the use of his leg, but there yet remains a partial paralysis of the arm. It was originally a case of right-sided hemiplegia, and as is usual in right-sided hemiplegia, there was also involvement of the function of speech, or aphasia.

What may have been the nature of the lesion to produce these clinical phenomena—shock, aphasia (that was not constant, but was quickly recovered from) and a loss of motion involving the entire right half of the body? Was this a case of apoplexy? You remember the specimen that I exhibited at the last clinic. Such a lesion as you saw, caused by a large extravasation of blood, would last for a long time, and would not be readily recovered from. I therefore exclude cerebral hemorrhage. There must be something that would obstruct the circulation of a certain area of the brain temporarily, but not entirely—the circulation being subsequently restored by conduction in collateral channels—to arrest for a short time the circulation, and then subsequently to permit it to be reëstablished, and the part to functionate again. An embolus floating in the blood current and washed to the brain, there to be arrested in a small artery, or a thrombosis occluding a vessel, would explain the symptoms of the case, as it would temporarily shut off the blood from a small area, while the collateral circulation would soon restore the circulation of the part and permit it to resume its functions.

Why should the paralysis get well in the leg and not in the arm; what is the significance of this? What influence, if any, does it have on the prognosis? The rule is that when the arm remains paralyzed the lesion is higher up in the brain than when the arm recovers but the leg continues affected; the higher permanent lesion in the extremities denotes a higher permanent lesion in the brain, and therefore less favorable. The site here is in the corpus striatum, or in the gray matter of the hemispheres, high up (ascending frontal convolution).

In the brain of an old person, when the vessels are in the condition of chronic endarteritis, their interior becomes roughened, and coagulation may take place, filling the vessel, and all at once the area supplied by it is deprived of blood. But if the neighboring part can take up the circulation the trouble is transitory. The rule for distinguishing cases of embolism from those of thrombosis is this: In all cases of paralysis occurring in this way, in advanced life, when partial recovery takes place, it is thrombosis; especially if there be no cardiac disease, and if there are concurrent evidences of vascular degeneration.

The last view applies to the present case. It is one of thrombosis of the brain.

How shall we ascertain the seat of the lesion? How decide whether this paralysis of the arm is due to disease of nerve-trunk, of spinal cord, or to an intracranial lesion? What are the points of diagnosis that will enable us to distinguish between a cerebral lesion, a spinal one (in the sense of injury at the point where the nerve begins to come off), and a peripheral lesion, involving the nerve in its distribution? Entirely aside from all the points we have been considering, we have in electricity a means of diagnosis. What must be the condition of the affected muscles as regards their electrical reaction to the Faradaic current, if the lesion be intracranial? You see, upon applying the electrode, prompt contraction of the various muscles in succession, both flexors and extensors. We therefore conclude that the paralysis is due to intracranial lesion in the left hemisphere of the brain; the fault is not in the nerves nor in the spinal cord, for in such cases the muscles quickly lose their power of responding to the induced current. You must also be struck with the fact that there is but little difference in the size of the two arms; the right is a little smaller, and the muscles are less firm than on the left side, but this is probably due to disuse. The systematic use of electricity would soon restore tone to these muscles; if they were daily exercised by the battery, in a short time they would be just as large as upon the corresponding arm. This limb is just as warm as the other.

Can anything more be accomplished than is offered by electricity? Yes, the hypodermic injection of strychnia can do more to bring about the restoration of the influence of the will than any other medical agent. The injections (gr. $\frac{1}{60}$) may be given into the affected muscles three times a week. After introducing the needle do not inject at once, but withdraw it a little and see if it has entered a vein, then complete the injection. Usually under this treatment the nutrition of the limb rapidly improves, its temperature rises, and it may come under the influence of the will.

We may also improve the muscles by massage, exercising by passive motion, kneading and rubbing them. This often infuses new life by increasing the amount of the circulation in the paralyzed part.

There is no special utility in giving such a case medicines internally, except for the general improvement of nutrition of both muscles and nerves. These would be improved by such agents as the hypophosphites. In cases of chronic endarteritis, we give moderate doses of carbonate of ammonium, in order to bring about an increase in the alkalinity of the blood; it will do much to avert this condition, which is so full of danger in advanced life.

Dangers of Chronic Bronchial Catarrh in Young Children; Relations of Atelectasis and Capillary Bronchitis to Asthma in Adult Life. Importance of Prompt Treatment.

This little boy presents himself with a disease very common in early life, which is too often neglected. Simple as it is in the beginning, it leads to manifold dangers in the end. He had a succession of attacks of what his mother terms a cold, and has been for more than a year subject to cough. He is delicate looking, and breathes

with some muscular effort. His face is pale, his lips are blue and his nose is red and irritated by a thin mucous discharge.

There is here a condition of catarrh, extending from his nose down to the ultimate lobules in the lungs; the entire length of the bronchial tubes, as well as the upper air passages. Both sides of the chest are affected. The repetition of attacks of "cold," such as he has had, brings about a change in the appearance of the thorax; he has what is called a barrel-shaped chest.

There is especial danger in young children where the catarrh extends to the utmost ramifications of the bronchial mucous membrane. Auscultation reveals sibilant, sub-crepitant rales, the latter being most significant, because they are found in the smaller bronchial tubes. In this situation mucus interferes with the passage of the air into the air sacs, and when the disease exists upon both sides there is great danger of suffocation; suffocative catarrh it has been called.

Observe, in breathing, the exertion of the muscles of respiration. What is the danger threatening this patient? So many children suffer at this time of life from catarrh, and in after life have emphysema and asthma. The explanation is clear. When the ultimate bronchioles are involved the air vesicles beyond them are very apt to collapse; the bronchial tubes being filled with viscid mucus, the residual air escapes, and the sacs become permanently closed (atelectasis). The neighboring sacs will eventually dilate.

Notice the cough; it is shallow and suppressed. He cannot take in sufficient air to expel the viscid secretion. In this condition children sometimes die of suffocation. If this child should take cold to-day, while suffering from such a condition of catarrhal bronchitis, its life to-night would be in imminent danger. The first thing to be done is to clear the bronchial tubes of this mucus. Mechanically this may be accomplished by emetics. The subsulphate of mercury is the best, from all points of view, as it is efficient and does not depress the patient (gr.ij–iij, in any suitable vehicle). What can be done to prevent the formation of this mucus? The iodide of ammonium, for a child of this age, two grains every two hours, would be very useful. This is more efficient if arsenic be prescribed with it (Fowler's solution, gtt.j, four times daily). If the difficulty in breathing be not very great, we get very excellent results from the use of turpentine, which, taken into the stomach, is eliminated by the air passages. (Of this give gtt.ij–iv every four hours.) Eucalyptol is also very efficient, and I have obtained from it very satisfactory results.

In the present case I will give the iodide of ammonium and arsenic. Should the temperature rise we will give quinine (gr.v) every four hours. This seems like heroic dosing, but it is the only remedy we possess that will do the work. He must be warmly clad, and carefully protected against the cold. The importance of the proper treatment of this case in early life is extreme, because upon his proper treatment depends his health in the future. This condition of atelactasis must be arrested, or it will lead to serious changes in the lung structure, producing chronic catarrhal pneumonia, one of the varieties of pulmonary consumption.

Hypodermic Injections of Chloroform in the Treatment of Lumbago and Sciatica.

Here are two cases of lumbago. I have brought them before you to show you a point in the treatment of this troublesome malady. Any one who has had any experience with lumbago will agree that it is a very obstinate disorder. When it is acute, salicylic acid is better than any other remedy (gr. xv, every four hours). In acute sciatica, also, this remedy is very valuable, while in chronic cases it is of no use. I have found that in these patients the most permanent relief is obtained from the hypodermic injection of chloroform (♏x–xv, are sufficient), thrown in at the side of the spinal column, just where the posterior branch of the nerve is given off, deep into the lumbar muscles.

Besides the lumbago in this case, as in many cases, there is conjoined sciatica. The disease is not so much a rheumatic condition of the sheath of the nerves, as it is a rheumatic disorder of the meninges of the spinal cord. In this man I will introduce the needle in the neighborhood of the place where the sciatic nerve emerges from the interior of the pelvis. Inject deeply, so as to distribute the chloroform around in the cellular tissue. Always observe the precaution, in making a deep injection, to withdraw the needle a little, so as to know that you have not entered a vein. It is also necessary to press with the finger upon the puncture, because the greatest pain is produced by the chloroform coming in contact with the denuded skin. The second patient is treated in precisely the same way, except that the injection is made in the lumbar region near the spine.

Medical Societies.

RHODE ISLAND STATE MEDICAL SOCIETY.

A quarterly meeting of the Rhode Island Medical Society was held in the rooms of the Franklin Society, in Providence, on Wednesday, March 17th, 1880.

The meeting was called to order at 10.35 A.M., the President, Dr. E. T. Caswell, in the chair.

The report of the Board of Censors was read and ordered to be recorded and placed on file.

Upon motion of Dr. Anthony, the President appointed a committee of three (Drs. Eldridge, Chapin, and Harris) to nominate delegates to the American Medical Association. The committee subsequently reported the following names: Drs. E. T. Caswell, Geo. P. Baker, Charles O'Leary, J. W. C. Ely, C. W. Parsons, H. E. Turner, David King, L. F. C. Garvin, G. W. Jenckes, Ariel Ballou, C. H. Leonard, Job Kenyon, Oscar Meyers, Timothy Newell, J. W. Sawyer, E. M. Snow, Moses Fifield.

The report was received and adopted.

Dr. Job Kenyon, chairman of the Committee on Expert Testimony, reported that a bill had been prepared and presented to the Legislature, in conformity to the instructions from the Society,

but that there seemed to be opposition to it in the Legislature, and its passage was doubtful. On motion of Dr. O'Leary the committee were continued.

The President said that in accordance with a vote passed at the last annual meeting he had presented to the Legislature a bill to protect physicians in their testimony in court, *i.e.*, not to require them to divulge anything that they had learned of a patient in a professional capacity. The bill is now pending.

A letter was read by the secretary from Dr. F. B. Smith, of Coventry, describing a case in practice. A boy, fourteen years of age, was seen first by him four months ago. Complained of nothing but continuous hunger. Weight at that time, 230 pounds. (One year previous his weight was 105 pounds.) Now (March 15th) he weighs 284 pounds, and is increasing in weight half a pound daily. He eats continuously, fifteen hours out of the twenty-four, sleeps five hours, and has eight passages from the bowels, of a natural character, every day. He devours ravenously raw meat, fresh pork, without salt or other condiment.

Dr. Newell reported the case of a young woman living in the same town, who weighed 260 pounds.

Dr. Caswell reported a case as follows: Mr. ——, during the war, received a wound which destroyed the left lower jaw. He had pursued his avocation as a boarding-house keeper since, without interruption. Three years since a tumor developed itself in the lower portion of the abdomen. His condition, as seen two weeks ago, was as follows: Emaciation marked. Night sweats profuse. Inability to pass water. Had been in the habit of passing a Nélaton's catheter himself, for some time. Examination per rectum showed a large tumor. In attempting to pass Squier's vertebrated catheter he found that he had penetrated the tumor, from which serum and pus escaped in considerable quantity. He then aspirated the bladder. The tumor, as felt through the abdominal walls, contained a number of hard lumps or nodules. The patient died, and post-mortem showed a fatty tumor the size of a kidney in the left lower iliac region. The hard lumps felt in examination previous to death were hardened masses of fæces, which were also found throughout the whole intestinal tract, although he had had an operation from the bowels every day. Beneath the sheath of the psoas muscle was found a semi-fluid tumor containing disintegrated bone, portions of the crest of the ilium. The head of the femur lay inside the pelvic cavity.

Dr. Leonard spoke of the necessity of a complete revision of the By-laws, and after some discussion, upon motion of Dr. Leonard, the president was requested to appoint a committee to revise the entire By-laws and report at some subsequent meeting. The President appointed Drs. Ballou, Garvin and Hersey, a committee for that purpose.

The following named gentlemen having been duly recommended by the Board of Censors, were severally balloted for and elected fellows of the Society:—Henry C. Hall, M.D., of Providence; Herman Canfield, M.D., of Bristol; J. B. Smith, M.D., of Coventry; A. F. Blaisdel, M.D., of Providence; George A. Monroe, M.D., of Providence.

Dr. Newell, Chairman of Library Committee, reported that they had about $4000 pledged toward the library, and had received very generous donations of books.

Dr. Parsons, chairman of committee to whom was referred that part of the President's address which related to certain changes in By-laws, made a report, which was referred to the Committee on By-laws.

Dr. S. S. Keene read a paper on the "Treatment and Cure of Consumption." Referred to Committee on Publication.

The following communication was received by the Secretary, and read:—

WHEREAS, we have heard, with much surprise and indignation, that a most unjustifiable suit has been entered against a physician, a fellow of this Society, for an unavoidable accident which occurred in the administration of ether, rendered necessary by the nature of the injury from which the patient was suffering, and

WHEREAS, the facts in the case, as testified to before a coroner's jury, prove that no blame can attach to the two physicians in attendance on the case, and

WHEREAS, a similar accident may happen to any member of the profession in attending those cases where an anæsthetic is absolutely demanded for the relief of such patients,

Resolved, That we as a society, knowing the difficulties encountered in practice, deprecate a proceeding which, if sanctioned, would expose us to annoyance and persecution. That we deprecate it in behalf of the poor, who are exposed to severe accidents, and to whom our services are often rendered gratuitously in their sudden emergencies, and to whom our services would be denied if we are in peril of being persecuted by law suits as a reward for the exercise of charity and for carrying out the humane spirit of our profession.

On motion of Dr. Ely the resolution was adopted.

Dr. O'Leary explained the case referred to, saying that he was present in consultation with Dr. Palmer when ether was administered; the patient died from the effects of the inhalation. The ether used was manufactured by Wyeth & Bro., and there was no reason to suppose that it was not a pure article.

Dr. J. H. Eldredge read a paper on "The Use of the Forceps, and its Alternatives."

Dr. Capron thought there was really not any danger in waiting until the uterus had retracted over the head. It is seldom advisable to attempt to apply the forceps until the head is engaged. He disapproved of giving ergot. He rarely uses it except to control hemorrhage. The continuous compression of the uterus under the effect of ergot is liable to kill the child. In tedious labor, when the os is not easily dilated and the woman seems exhausted, an anodyne will give the necessary relief in many cases. In cases of obstruction at the upper strait, from deformity of the pelvis, deliver as soon as practicable.

Dr. A. E. Tyng read the report of a case of removal of the ovaries.

The report of the Committee on Practice of Medicine and Surgery, was postponed until the next meeting. Adjourned.

W. E. Anthony, *Secretary.*

Editorial Department.

Periscope.

Tonga—A Remedy for Neuralgia, Used by the Natives of the Fiji Islands.

Drs. Sydney Ringer and William Murrell, of London, write to the *Lancet*, March 6, 1880:—

A few months ago Mr. Ryder, a gentleman residing in Fiji, placed this remedy in our hands, with the following account: It has been used for several centuries by the aborigines of the Fiji Islands. A European, who married the daughter of a chief, learned the secret from his father-in-law, in whose family the knowledge of the composition of this remedy had been an heirloom for upward of two hundred years. The European gave the drug to Mr. Ryder, who requested us to test its virtues.

This gentleman tells us that the remedy consists of parts of at least two plants, whose botanical relations, however, he does not know. He has returned to Fiji, and intends sending specimens of the plants, that we may learn their natural order, etc. The parts of the plants are broken up into a coarse powder, and then wrapped up in a cover of the inner bark of the cocoanut tree. Mr. Ryder gave us the following directions regarding its use: "The bundle, without being unfastened, to be steeped in half a tumbler of cold water for twenty minutes, then squeeze the liquid from the bundle back again into the tumbler, and take a claret glass of the infusion three times a day, about half an hour before each meal. Dry the bundle and hang it up in a dry place, to prevent its getting mouldy. It will answer for twelve months."

We have used this remedy in eight cases of neuralgia; six were promptly cured; one was much improved; in the other, after a week's trial, it failed. We give a short account of these patients.

A woman, aged twenty-three, had suffered for fourteen days from severe neuralgia of the infra-orbital and great occipital nerve. She had four severe paroxysms in the day, lasting from half an hour to an hour and a half. Many of her teeth were bad. Three doses of the extract cured her.

A woman, aged about fifty-five, had suffered from severe neuralgia for a week. The twisting, dragging pain affected the supra-orbital branch of the fifth and the great occipital, and was both continuous and paroxysmal. She did not improve, though the infusion from a bag was used for a week. The bag had been used on several occasions, and possibly had become inert.

A woman suffered from neuralgia in the left great occipital nerve. Four half-drachm doses of the liquid extract cured her.

A man, aged twenty-five, had suffered for a fortnight from severe bilateral neuralgia in the temples, in the eyes, and under the eyes. Half a drachm dose of the liquid extract thrice daily cured him in three days.

A woman, aged twenty, for ten days had suffered from severe neuralgia in the first and third branches of the fifth nerve. She had daily about five paroxysms, each lasting from one to two hours. A drachm of the liquid extract thrice daily cured her in three days.

A girl, aged eighteen, suffered from toothache and severe neuralgia along the lower jaw, and in front and behind the ear. Half a drachm of the liquid extract cured the neuralgia in twenty-four hours, but the toothache continued.

A man, aged sixty, who suffered from rather severe bilateral orbital neuralgia, was greatly benefited in three days by a drachm of the extract thrice daily.

A woman, forty years old, had suffered for a month with about six severe paroxysms daily of pain in the second branch of the fifth nerve. The infusion made from a bag cured her in three days.

This remedy, while apparently highly useful in neuralgia, produces no toxic symptoms, for we have given two half-ounce doses of the liquid extract at half an hour's interval, and repeated it again in two hours, without producing any effect beyond slight drowsiness. To another person we gave three two-drachm doses at half an hour's interval, and only produced slight drowsiness. These doses did not affect the pupil, nor increase nor lessen the secretion of the mouth or skin, neither did they affect sensation of the skin, supplied by the fifth nerve.

Tonga does not affect the pupil when topically applied to the eye; for Mr. Copley made observations on three people, and applied in each case an aqueous extract (1 in 1) to the eye, repeating the application four times at an interval of fifteen minutes, but the pupil remained unaltered.

Cold Enemata in Fever.

We learn from the *Medical Press and Circular*, February 11th, 1880, that Dr. Lapin has been making experiments in the clinic of Professor Manasseni, of St. Petersburg, on the anti-febrile action of enemata of cold water. The temperature having been previously taken in the fold of the axilla, at the epigastrium, and in the rectum, a cold enema was administered. This consisted of a litre (about a quart) of water, at a temperature of 5° or 10° C. Fifty enemata were thus administered—26 to febrile patients, 12 to patients without fever, and 12 to healthy persons.

The following conclusions were deduced from the experiments (*Le Praticien*, Jan. 12th):—

1. Cold enemata lower temperature, which lowering lasts for some time: after enemata at 10° C., the lowered temperature in the axilla did not return to its former height until after thirty or forty minutes; that of the epigastrium after an hour; and that in the rectum only after an hour and a half. When the enema was at 5° C., the lowering of temperature lasted still longer, forty to fifty minutes, or even more, in the axilla, two hours to two hours and a half at the epigastrium and in the rectnm.

2. Enemata at 10° C. are always well borne, and often leave behind them a refreshing feeling, which extends through the body. Enemata at 5° C., are only well borne by some individuals; in others they cause disagreeable sensations in the abdomen, and in cases of recurrent fever may cause shivering.

3. The lowering of temperature is more marked in febrile patients than in those without fever. This lowering varies in the former from between 0·60° and 0·40 in the axilla, 1·5° at the epigastrium, and 5° to 1·7° in the rectum. In non-feverish subjects the diminution is only from 0·40° to 0·30° in the axilla, from 1.4° to 1.3° at the epigastrium, and from 2·60° to 1·40° in the rectum.

4. Not only is the temperature lowered, but the pulse and respiration are reduced in frequency.

5. The lowering of temperature is most marked in the rectum, less pronounced at the epigastrium, and least in the axilla.

6. One advantage of cold enemata as adjuvants of other antipyretic agents is that they may fulfill other indications besides their anti-febrile action. They soften the fæces, diminish meteorism, and facilitate the intestinal movements. Up to a certain point, also, they diminish the afflux of blood to organs in the vicinity of the rectum, especially the uterus and bladder.

7. The stools appear at a variable time after the injection, from two to two and a half minutes.

8. Cold enemata may therefore be used, even in patients without fever, when we desire, besides emptying the intestine, to obtain a tonic action on it, or when we wish to diminish congestion of the pelvic organs.

Ergot in Congestive Dysmennorrhœa.

Mr. H. B. Blackburn writes to the *Lancet*, Jan. 31st, 1880—

A year ago I was called to see an unmarried lady, aged 28, who was in great pain, and had been so for about four hours, with dysmennorrhœa. I learned that for about twelve hours before the commencement of each period she suffered extreme pain, becoming worse just before the beginning of the flow. She would often lie down and roll about in the greatest agony. Her two unmarried sisters suffered in the same way and as much, and the same was the case with one married sister until her marriage. All three were strong healthy-looking girls, though all were the subjects of that common affection of women, chronic constipation, the bowels often remaining for a week together without acting. I am not now going to speak of the radical treatment of these cases; but having been called in during a paroxysm of pain I had to endeavor, in the first place, to relieve it. I accordingly prescribed ergot, in doses of half drachm of the liquid extract every quarter of an hour. The pain began to diminish before the second dose had been taken, and after the third the flow had commenced, and the pain entirely gone. It may be objected that I am calling what was only *post hoc, propter hoc*; but this is not so, and for the following reasons: On this occasion the young lady had been in pain only about four hours before treatment, so that the duration of pain was now only about five instead of twelve hours, as on previous occasions. Secondly, she and her sisters have ever since kept a bottle of medicine, according to prescription, in the house, and they have recourse to it on each occasion, at the very earliest warning of the period, and they hardly suffer pain. I am, of course disposed to treat them radically—*i. e.*, by prescribing for and giving instructions as to the bowels, to endeavor to do away with the necessity for specific treatment of the symptoms, but they are perfectly satisfied to have a remedy for these on each occasion.

Now, a rational system of therapeutics is far more satisfactory than an empiric one. I may, therefore, be excused if I draw attention to my theory of the action of the drug in these cases, my recourse to it in the first instance being founded on this theory.

Ergot is supposed to cause contraction of the muscles of organic life. I do not compare its action in cases of congestive dysmennorrhœa to that on the uterus at term. I suppose that here it acts not on the muscular fibres of the uterus so much as on those of its vessels; contraction of the uterine small arteries being the cause of relief from congestion, then, the congestion and general pressure being removed, the menstrual flow comes on.

Localization of Function in the Cerebrum.

M. Jaccoud, in the *Gazette Hebdomadaire*, relates two cases which he is of opinion tell against the view that there are separate centres in the cerebrum. The first case is that of a man, aged forty-two, with suppurative meningitis. The right hemisphere was very hyperæmic, but presented no adhesions of the meninges, but the pia mater of the left hemisphere was infiltrated with pus, especially in the region of the central convolutions and central sulcus. The pia mater was adherent over the two upper thirds of these convolutions. During the last two days of life the patient suffered from convulsions of the left side of the body, but there was no hemiplegia. M. Jaccoud sees in this case an example of unilateral convulsions in consequence of a stimulating lesion of the motor region of the same side. The subject of the second observation was a woman, aged eighty-three, who survived two days after an attack of apoplexy, and during this period suffered from hemiplegia of the right side, with anæsthesia. Speech was not disturbed, and death was the result of advanced phthisis pulmonalis. The left hemisphere was intact; the right presented an extensive flattened hemorrhage between the-

dura mater and the pia mater, covering the upper border of the hemisphere; so that the central sulcus was about its middle. No other lesion was visible. M. Jaccoud refers the hemiplegia in this case to compression of the upper parts of the central convolutions, but mentions also its occurrence on the same side.

Diagnosis and Treatment of Ringworm of the Head.

Mr. Alder Smith, in an article on the above subject, published in the *Lancet*, January 31st, 1880, says—

In conclusion, let me again call attention to the principal points touched on in this paper. Firstly, as so many medical men consider ringworm well when it is in a most chronic state, it is important not to certify a case as cured, although the hair may have grown again on the diseased patches, until after a thorough examination of the scalp has been made, and we are certain that there is not a single stump remaining affected with fungus, or even a black dot, or follicles with no hairs growing from them. Secondly, that children should not be certified as free from the disease and fit to enter a school, unless the whole head has been minutely examined.

Medical men should also bear in mind that there is such a variety as *disseminated ringworm*, where no patches exist, but only isolated stumps, and that this is one requiring very great care for its detection; that stumps are not finally removed if they only break off, which is commonly the case: that no reliance for diagnosis or prognosis can be placed on the microscopical examination of ordinary hairs taken from a diseased patch, but only of the short stumps; that ringworm of the head exists among young boys without their friends being aware of it, in the proportion of over eight per cent; is rarely contracted after fourteen years of age, and usually gets well spontaneously about the age of fifteen to seventeen.

Finally, as to treatment, I would specially call attention to the use of carbolic glycerine, or the ointment composed of carbolic acid, citrine and sulphur ointments, for recent cases, and to the important practical points, that they must be well and frequently rubbed in.

With regard to chronic ringworm, it must be remembered that the conidia exist at the very bottom of the follicles; that the difficulty in curing the disease is not to find a parasiticide, but to obtain one that will penetrate deeply; that the stumps are so diseased that they always break off on attempted epilation; that the oleate of mercury is one of the best penetrating remedies; that it must be well rubbed in, and the head washed only once a fortnight; and that after a few months, if the disease is not absolutely well, kerion ought to be produced.

With regard to kerion, it should be remembered that the artificial production of it should only be attempted in old chronic small patches that have resisted all other treatment for months or years; that it should be produced by the daily application of croton oil, together with constant poulticing; that croton oil must be used with very great caution till the hairs get loose in the follicles, the great aim of the treatment being to cause inflammatory swelling of, and effusion into, the tissues around them; that the stumps must be removed, time after time, as they appear; and that great care must be taken to prevent the oil getting on to the face.

Lastly, with regard to the disseminated variety, it is best treated by touching each stump with croton oil, week after week, except perhaps in very exceptional cases, where a minute quantity of the antimonial paste may be required.

Malarial Bubo.

Dr. Bodnar writes, in *Pester Med.-Chir. Presse*, No. 47, 1879, that, in the district where he practices, where intermittent fever is endemic, he has frequently met with a peculiar form of disease, of which the following are the characteristics. Without any apparent cause, without reference to age or sex, painful glandular swellings are formed on various parts of the body; and the patients say that they become especially painful at a certain time of the day. The author gives three cases in illustration of the connection between the inflammation of the lymphatic glands and intermittent fever. In a man, aged 43, who has never had any affection of the genital organs, an attack of quotidian ague was accompanied by considerable enlargement of the spleen and a lymphatic tumor on the right side. The patient recovered under treatment by quinine; the lymphatic abscess opened spontaneously and soon healed. At the same time, Dr. Bodnar had under his care a girl, aged 16, with swelling of the glands of the left side of the neck; in a few days intermittent fever set in, and was successfully treated by quinine; the swelling in the neck soon abated, the glands, however, remaining somewhat enlarged. In a child aged 5 years and seven months, during an attack of intermittent fever, painful enlargement of the inguinal glands on both sides, followed by suppuration, took place.

Pressure on the Vagus as a Cause of Pertussis.

In the *British Medical Journal*, October 25th. November 15th and December 6th, 1879, the question of the influence of an irritation of the vagus by the pressure of enlarged bronchial glands is summed up, for and against, by Dr. Noel Gueneau de Mussy and Dr. Barlow, respectively. Dr. Barlow maintains that enlargement of the glands is not constant in pertussis, and that enlargement, both acute and chronic, may occur without paroxysmal cough. Dr. Gueneau de Mussy ascertained by physical signs the existence of enlarged glands in all cases of whooping cough observed by him, and found them in all necropsies. But Dr. Barlow doubts the possibility of satisfactory diagnosis of enlarged bronchial glands during life. Dr. Cheadle shows that the idea of pressure on the vagus as a cause is not novel, and criticises Dr. Gueneau de Mussy's support of it, showing the constant existence of the enlargement of the glands in all cases where there is prolonged inflammation of the bronchial mucous membrane in children, though a paroxysmal cough is by no means as invariable.

A New Antiseptic.

It is stated in the Boston *Medical and Surgical Journal*, March 11th, 1880, that at the meeting of the Boston Society for Medical Observation, held October 6th, 1879, Dr. Beach showed a specimen of styrone (styrryl alcohol or cinnyl alcohol, $C_9H_{10}O$ or C_9H_9OH). It is obtained by heating styracin or cinnyl cuniamate (a compound contained in liquid storax and in balsam of Peru) with caustic alkalies. It crystallizes in soft, silky needles, having a sweet taste and an odor of hyacinths, melting at 33° Fahr., and volatilizing without decomposition at a higher temperature. It is moderately soluble in water (about one part to twelve), freely in alcohol and ether. Dr. Beach had tested the efficiency of the antiseptic by applying it (one part to twelve of water) to a foul, ulcerated surface, with the effect of completely deodorizing it. The same surface was dressed with sheet lint saturated with an emulsion of the styrone and olive oil, one part of the former to twelve of the latter, covered with thin gutta percha, and the edges of the gutta percha fastened to the skin by collodion. At the end of five days the dressing was removed, and the accumulated secretions were found sweet, and having the odor of the styrone, which is fragrant. This dressing was repeated at different intervals with a like result; the granulating process progressed as well as if it were under a carbolized or thymolized dressing. The pure styrone is slightly irritating to a raw surface, causing a burning sensation, but diluted to one part in six, either of oil or water, the result is a non-irritating emulsion. In either form it is a perfect deodorizer of a foul wound, and does not interfere with the process of cicatrization. One part in twelve of oil or water is sufficiently strong to be effective. To determine the relative efficiency of carbolic acid, thymol, and styrone, the following test was made: Three ounces of normal urine from the same specimen were placed in each one of four clean glasses. To the first glass was added ten drops of pure carbolic acid, to the second ten drops of pure thymol, to the third ten drops of styrone, and to the fourth nothing. The open mouths of the glasses were filled with borated cotton, to protect the urine from dust. On the second day the urine without an antiseptic became decomposed, and was thrown away. The first specimen, containing carbolic acid, was offensive from the smell of decomposing urine on the sixth day, and under the microscope presented bacteria in the monad and rod forms; it had a strong urinous odor from the first day. The second and third specimens, preserved by styrone and thymol, were in good condition at the time of making the report, fifty-nine days later, and were free from any urinous or offensive odor. No fungoid forms could be detected under the microscope at that time.

Laryngological Congress.

We understand that an International Congress of Laryngologists will be convened at Milan in September of this year. The United States will be represented, we presume, by one or more delegates.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A reprint from the Archives of Ophthalmology, Vol. IX, March, 1880, contains the report of a case of tetanus, by Prof. Chisolm, terminating fatally, from enucleation of an eyeball.

——"Excision of the Ankle for Chronic Disease of the Joint," is the subject of a paper by L. S. McMurtrie, A.M., M.D., reprinted from the *American Practitioner*, February, 1880.

——Godey's Lady's Book, for May, contains, besides the latest fashions, a piece of music, "Flee as a Bird," and a large amount of interesting reading matter.

——We have before us, in a reprint from the *Physician and Bulletin of the Medico-legal Society*, a very interesting paper by George M. Beard, A.M., M.D., on the "Problems of Insanity."

——An address on State Medicine, delivered before the Tri-State Medical Society, Evansville, Ind., Nov. 5th, 1879, by Thad. M. Stevens, M.D., has been sent us as a reprint from the Cincinnati *Lancet and Clinic*.

——We have just received a pamphlet containing the valedictory address to the class of the Jefferson Quiz Association, at the Philadelphia School of Anatomy and Surgery, March 10th, 1880, on the history and growth of the Association, together with a condensed account of six years' experience in medical teaching, by John V. Shoemaker, A.M., M.D.

——Lippincott's Magazine, for May, opens with a copiously illustrated paper on Richfield Springs. Miss Constance Fenimore Woolson contributes to this number a very quaint and touching story entitled "Miss Grief." The first of a series of "Studies in the Slums," by Mrs. Helen Campbell, gives a striking account of the mission in Water street, New York. The concluding paper of Octave Thanet's able discussion of the condition of "The English Workingman," deals with another and not less pressing social problem. "The Backwoods of Guatemala," are graphically pictured, with both pen and pencil, in Dr. Oswald's "Summerland Sketches," which are now drawing to a close. Nena Sturgis has an illustrated article on "Ancient Maskers and Modern Carnival." F. M. Osbourne gives an amusing account of a "Funeral in a Chinese Fishing Village," and Phebe D. Natt describes the methods of instruction in the various "London Art Schools."

——In the *North American Review*, for May, ex-Judge Jere. S. Black continues the very interesting series of papers on the Third Term Question, begun in the February number. His article is entitled "Gen. Grant and Strong Government." Mr. Leslie Stephen writes of the "Religion of all Sensible Men," and speculates on the prospect of that religion displacing the present creeds of the multitude. George Ticknor Curtis continues his series of articles on "McClellan's Last Service to the Republic." Mr. Francis H. Underwood contributes an essay on R. W. Emerson and his writings; and an anonymous writer labors to show that the United States Government cannot, consistently with the Monroe doctrine, permit the construction of an American Isthmian Canal, unless the same shall be controlled solely by cis-Atlantic Governments. The notices of new books are by Mr. Axel. Gustafson. The *Review* is sold by booksellers and news dealers generally.

——An instructive paper by Dr. R. J. Levis, of this city, on the anæsthetic use of bromide of ethyl, has appeared, and may be had gratuitously by application to this office. His experiments extend over a year and include several hundred cases in actual clinical experience. From all appearances, ethylization will be prominent in the surgery of the future.

BOOK NOTICES.

Ten Lectures on Alcohol. By Benjamin W. Richardson, M.A., M.D., F.R.S., Fellow of the Royal College of Physicians and Honorary Physician to the Royal Literary Fund. New York: National Temperance Society and Publication House, 58 Reade street, 1880.

The first part of this work comprises a course of six Cantor lectures on alcohol, delivered before the Edinburgh Society of Arts, together with a preface by Dr. Willard Parker. In Lecture I, after a few introductory remarks, the author takes up his subject and discusses it from a purely scientific standpoint, beginning with the term "alcohol" and its derivation; he then gives a brief sketch of the history of the fermentation of wine and beer and the distillation of pure alcohol, together with their uses in the arts, in medicine, and as a beverage. Lecture II is a chemical review of the alcohol group of organic bodies, with an exposition of the actions of the different alcohols. In Lecture III the influence of common or ethylic alcohol on animal life is considered, in its various relations. Lecture IV treats of alcohol as a food, and its effect on the animal temperature, and in connection with this he offers a few hygienic lessons of great importance; thus he points out that if our police officers were taught the simple art of taking the temperature of persons they have removed from the streets in a state of insensibility the result would be most beneficial, as it would enable them not only to suspect the difference between a man in an apoplectic fit and a man intoxicated, but would suggest the abolition of the practice of thrusting the really intoxicated into a cold and damp cell, which, to such a one, is actually an ante room to the grave. Lectures V and VI are on the secondary action of alcohol on the animal functions, and on the physical deteriorations of structure incident to its excessive use, in connection with which he also speaks of the common adulterations and their effects. He portrays vividly the more obvious diseases produced by alcohol, and he pleads eloquently for the unborn, on whom the effects of the vice of drunkenness will be stamped through hereditary transmission. Tables giving a list of ancient and modern wines, with analyses of the latter, and the chemical formulæ of the different alcohols, ethers, etc., are appended. The remainder of the book is made up of addresses, by the same author, on the following subjects: The Action of Alcohol on the Body; The Action of Alcohol on the Mind; The Medical Profession and Alcohol; Moderate Drinking—for and against; The Liberty of the Abject.

We consider this a work of extraordinary merit, and one which should be carefully read by all, being, as it is, the unbiased views of one of the most learned physicians and philanthropists of the present day, on a question which involves the physical and moral welfare of nations.

Transactions of the Society of the Alumni of the Medical College of Ohio. pp. 171.

The first meeting of this Association occurred in 1875, when, on motion of Prof. W. W. Dawson, Dr. J. C. Grubbs, of Boone County, Ky., the first graduate of the College, as well as the first Doctor who graduated west of the Alleghany Mountains, was made President; Dr. John L. Vattier, the next oldest graduate present, was chosen Vice-President. Doctors O. M. Langdon and C. S. Muscroft were elected Secretaries.

Regular annual meetings have since been held, at which the alumni have come together to discuss various topics of interest to the profession in general and to the graduates of the Medical College of Ohio in particular, to relate to each other their experiences and interchange opinions.

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SOCIAL RELATIONS OF PHYSICIANS.

A correspondent living in a southwestern State lately wrote to us, in the course of a business letter: "I live at a distance from railroads, and, indeed, from intellectual conveniences of all kinds. I have no medical friends, although there are four or five physicians located within driving distance of my residence. The fact is, we hardly speak to each other when we meet, and never associate to talk medicine together. There is too much rivalry."

We are afraid that such a state of affairs is not unusual. Probably in not more than one-tenth of the counties of the various States of the Union does there exist any local medical societies which bring the physicians together for the purpose of professional discussion and the interchange of social amenities. Unquestionably it is a widespread and regretable characteristic of physicians, that they do not live on good terms with each other. There is a great deal of personal feeling among them, and the competition which exists in all the vocations of life is sharpened with them into a jealous rivalry, which often clouds the natural sense of justice toward each other.

The causes of this are not far to seek. By the nature of things the amount of medical earnings in a community is strictly limited by the amount of sickness. This cannot be increased, and consequently every family that one physician gets directly lessens the income of his professional neighbors. It is different in most trades. In them it is quite possible for a man to work up a business without diminishing that of his neighbor. A newly-arrived plumber may induce a number of householders to introduce steam, gas, water, and furnaces into their residences, and thus make quite a trade for himself without lessening the gains of other plumbers. A book dealer may settle in a town and derive a comfortable living from his sales without causing a dollar's decrease in the income of booksellers previously there. So it is with most trades, and to a certain extent, with other professions; but with medicine it is not in the least degree possible to develop a community into paying patients. Business efforts in that direction would be sure not to aid the tyro in augmenting his receipts.

As it is, the community has a distrust of medical men, as a rule. It is not a pleasant experience to have it intimated that you have paid more visits than was necessary, that you have performed a needless operation, or that you have "nursed a case" in order to get more milk from the cocoanut. Yet there are few physicians, no matter how conscientious, but have at times been subjected to such insulting insinuations.

A good deal of this distrust arises from the ambiguous expressions of physicians when speaking to their patients' families about competing doctors. Too often they show their acquaintance with the art of damning with faint praise; too often they preserve an ominous silence when the patient unjustly condemns the previous attendant; too often the expressive shrug, or air of astonishment or pity, convinces the patient that he has been the victim of ignorance, or of deliberately dilatory measures.

It is no easy matter to suggest a remedy for this state of things. Yet we have great faith in the force of example and of social intercourse. Where there is one man who wholly abstains from all such belittling arts, and is heroic enough to forgive them when directed against himself, he can accomplish a great deal. He should endeavor to cultivate social courtesies among his medical neighbors, bring them together to discuss scientific subjects, familiarize them with their business as one of the nobler trades, and accustom them to the interchange of the amenities of life. There are communities where a single man has organized and maintained a professional society so long that it has ended in quite reforming professional habits. No arbitrary effort at enforcing ethics will succeed. The progress must be gradual, and then there is fair hope that it will prove effectual.

Notes and Comments.

Therapeutical Notes.

THE LOCAL APPLICATION OF ERGOT IN PRURITUS VULVÆ.

Dr. Maurice J. Lewi says, in the *Medical Annals* for April, 1880:—

In two cases which came under my own care while in Vienna, last year, the pruritus appeared to me to depend upon a distended condition of the capillaries of the skin; and to meet this condition it occurred to me to prescribe—

℞. Secalis cornuti, fl. ext.
Glycerinæ ãã 32 c c. M.

After two days' local application of this mixture the pruritus was rather worse than better; but after the third day improvement was rapid, and a cure was accomplished in each case in one week.

Chloroform and Ether—The Relative Safety of their Administration.

Mr. J. R. Salter, House Surgeon to the Infirmary, Kidderminster, writes as follows to the *British Medical Journal*, April 3d, 1880:—

We hear so much of the danger of chloroform *versus* ether, that the following facts have induced me to forward them to you for publication at your discretion:—

T. C., aged fourteen, was, on November 18th, 1879, being placed under the influence of ether by means of an Ormsby's inhaler, when, after three or four inspirations, respiration suddenly ceased, and he became lifeless. The usual remedies were instantly applied, with the fortunate effect of bringing him to life again. The patient being an emaciated and feeble person, suffering from a soft-celled sarcoma of the tibia, was, for a week afterward, subjected to the reinvigorating influence of fresh air and full diet; and small doses of ether and chloroform internally were given, with a view to getting his constitution accustomed to these drugs. Being placed again on the operating table, chloroform was administered on lint. The patient never showed a bad symptom during the whole operation (amputation through the knee-joint).

Napheys' Modern Medical Therapeutics.

The seventh edition of Napheys' *Modern Medical Therapeutics* has just appeared from the press, and will be more fully noticed in our next number. This edition has received a careful and thorough revision, and much new matter added, without, however, increasing either the size or the price of the volume, as a smaller type has been used, thus allowing more words to the page.

In England, as well as in the United States, the popularity of this treatise is constantly widening. The London *Medical Press and Circular*, of January 14th, 1880, in comparing it with the work of Ringer, expresses the opinion editorially that Napheys' is "decidedly more useful to the general practitioner." Large orders from that country testify that this sentiment is participated in by many physicians there.

The plan of the work is altogether unlike that of any other treatise on therapeutics, inasmuch as it approaches that branch from the side of the medical practitioner, not from that of the druggist or the physiologist. As such, it has a field of its own, and is at once appreciated by every one who studies therapeutics in order to apply remedies to combat diseased conditions.

Treatment of Infantile Intertrigo.

Wertheimber, of Munich, in *La France Médicale*, advises washing the child with warm soap and water, giving it bran baths, and powdering the healthy skin with lycopodium, or a mixture of equal parts of oxide of zinc and subnitrate of bismuth. On the affected parts he prefers the unguentum diachyli of Hebra, with olive oil. In old-standing cases he makes application three or four times a day of a solution of bichloride of mercury, gr. j–℥ iv.

Chrysophanic Acid in Psoriasis, Herpes, and Pityriasis.

Dr. Neumann writes, in *Geneesk. Com. der Nederl.*, that he has tried the effect, under different circumstances, of chrysophanic acid in psoriasis vulgaris, herpes tonsurans and pityriasis versicolor. In slight cases three or four applications were sufficient to effect a cure; in old standing cases the application had to be repeated for several weeks, and then produced a certain and favorable effect. The parts of the skin covered with patches of psoriasis take a pale color under the chrysophanic acid, clearly defined, and only slowly return to their normal color. In pityriasis and herpes tonsurans vasculosus success was equally rapid. Chrysophanic acid is especially commendable in this affection, because, besides its activity, it possesses other valuable qualities; it is inodorous, and causes no pain or disagreeable symptom. The brown color caused by friction with it disappears of its own accord in a week or ten days. Washing with benzine hastens its disappearance. Dr. Adams has also established the curative value of chrysophanic acid in a number of cases of psoriasis, some of very long standing. He advises that it should be dissolved in collodion and spread on linen. In some cases alizarine may be employed with success. This substance is much less costly, causes less reaction, but acts also more slowly. Zarisch has employed pyrogallic acid in ointment (one to nine), or solution (one per cent.), on cotton wool. The results are favorable, but generally have been slow; sometimes when chrysophanic acid causes symptoms of irritation, or is not borne by the patient, pyrogallic acid may be substituted with advantage. The latter causes brown stains which last for a long time.

The Ramrod in Therapeutics.

Dr. George S. Sykes, of Coleman, Texas, writes to the *Louisville Medical News*, April 17, 1880:—

The following proves the truth of the old adage, "Necessity is the mother of invention," and might correctly be called a "shot-gun prescription."

During the winter of 1877–78, about one hundred miles from this place, a buffalo hunter was accidentally shot in the thigh, and a whole week passed without an operation from the patient's bowels. His condition was thought to be critical. No doctor or medicines were within a hundred miles. His companions thinking that unless the patient's bowels were moved he would die, it was suggested by one of the party that a pipe-stem should be attached to the nipple of a shot-gun for insertion up the rectum, the ramrod being wrapped with rag and used as a piston. An injection of warm water was accordingly given. A copious movement of the bowels followed, and the patient ultimately recovered.

Inhalations of Benzoate of Ammonium in Pulmonary Phthisis.

Dr. Wagner, of Budapest, writes, in *Med.-Chir. Central Blatt*, that he prefers this salt to the benzoate of sodium, on account of its being more volatile, and thus capable of penetrating deeper into the smaller bronchioles than the latter, and also because it decomposes easier, leaving free benzoic acid, the anti-bacterial effect of which is greater than that of either of its salts. He lets his patients inhale until a burning sensation is produced in the chest, when the breathing becomes less labored, the cough easier, and the appetite increases.

A Series of Hospital Reports.

During the coming months we shall vary the entertainment presented to our readers by giving them a series of reports on the prevailing diseases and their treatment in a number of hospitals situated in widely separated sections of our country, especially in some of the smaller hospitals. These often present features differing from those observed in the large hospitals of great cities, and we believe that the reports we shall publish will have a peculiar value not often found in those ordinarily contributed to journals.

Correspondence.

A Protracted Case of Labor.

Ed. Med. and Surg. Reporter:—

I wish to report an interesting case, with the hope it may do some one good, or at least teach patience. Mrs. M., aged thirty-eight years, mother of six children, youngest eight years old, became pregnant (she claims) the second week in June 1879. Everything went as usual till October 8th (four months). While visiting, at dinner, she felt motion, and had a severe pain low down in the back. She left the table and found she was having a bloody discharge. She walked home, with her husband's help, and kept her bed nearly two weeks, fearing a miscarriage. She had seen nothing but blood so far. At the end of two weeks she got up and attended to most of her household duties, with no special trouble, but always feeling more discomfort than with any of her previous pregnancies. She always carried her previous children low down, so that her

belly, as she says, would rest on her knees when sitting; but this child was always high up.

On Saturday night, March 6th, she sent for me, supposing she was in labor. I found a fœtal head pressing down at the brim of the pelvis, over the anterior wall of the vagina, but no os uteri could be touched. I told her she would probably wait a week, and I left.

One week later she was sure her time had come and labor was progressing steadily. Examination this time revealed the soft parts well dilated, bathed with mucus, a thick, doughy os (high up posteriorly) dilated enough to receive the end of my index finger and a child's head, R. O. P., covered by a thick membrane, but no bag of waters. The pains irregular but severe. I gave extract nux vomica, to promote effective pains. Waited an hour. Examined; no change. Managed to draw the os downward and introduce two finger ends, and dilate a little. An hour later was enabled to introduce ends of three fingers and dilate more. Two hours more of waiting showed no progress. Thoroughly oiled my hand and introduced it into the voluminous vagina, and with three fingers in the uterus I found that during a pain they would pass up by the side of the descending head about three inches, but in the interim seemed to be in a smooth, empty cavity, four and a half or five inches deep, with equally thick, smooth walls, with no feeling of attached membranes anywhere; and considering the previous history of the case, began to think seriously of extra uterine pregnancy. At daylight I left, prescribing quinine and Dover's powders. To be called again when needed. What kind of a case is this?

Two weeks passed. In the meantime I told the husband my fears in the case. Then, five weeks from my first call, I was sent for, Saturday night, more to relieve a troublesome cough than anything else. Found that the motions of the child had produced so much pain and tenderness in the bowels and abdominal walls (which coughing sorely aggravated) that the mother had kept her bed for the last three days. Prescribed for cough ammon. mur. and morph. mur. An examination revealed nothing, except that the os uteri had returned to the condition of four weeks previous. Obtained permission to return in the morning and make an examination with speculum and probe. Sunday, 10 A.M., brought as much as possible of enlarged cervix into view, and having wrapped the end of the uterine probe with cotton, dipped in oil, and introduced it into the uterine cavity four and one-half inches, where it was freely movable, without discovering anything abnormal except size, asked counsel.

Monday morning Dr. Kimlin went with me and examined Mrs. M. Failing to hear the heart sounds, he would not say she was pregnant, though he could feel the motions of something. Failing, by touch, to make out the internal condition, he also used the speculum and probe, with the same result as above.

We will still wait.

Tuesday, 1 o'clock, A.M., I was awakened. Mrs. M. wanted me in a hurry. Reached her in fifteen minutes. Found labor progressing, and at 1.30 delivered a large, well-formed girl, weighing nearly twelve pounds. No after complications.

Any remarks on the above case will be gladly received. What are the chances of a double uterus, undiscovered till now?

While waiting on the above case I delivered a Mrs. L. of twins, boy and girl, the latter coming away enveloped in the membrane entire (double placenta). Combined weight of the two is seven pounds. Mother had been ill for the past year. Shortly after delivery severe flooding set in, and my hand, introduced into the uterus, turned out large, firm clots, and again scraped off some adherent placenta. Still the stream continued, and introducing my hand a third time, found two more small pieces, then the uterus contracted, slowly but quite firmly, and the patient made a slow recovery. I was three miles from town, and, strange to say, without ergot or stimulants.

C. A. Freeman, M.D.
Trenton, Grundy county, Mo.

News and Miscellany.

International Medical Congress.

The *Medical Press and Circular* informs us that a meeting of delegates from the Universities and other corporations was held on Tuesday, March 30th, at the Royal College of Physicians, London, to decide on the preliminary details. The following resolutions were carried at this meeting, Dr. Pitman being requested to continue in the post of honorary secretary:—

1. That an International Congress be held in London in 1881.

2. That it be held between the 4th and 15th of October.

3. That a general committee be formed, to consist of the delegates, with power to add to their number, who shall have authority to make necessary arrangements for organizing and working the Congress, and who shall report from time to time, as may seem necessary to the delegates, for the information of the bodies by whom they have been appointed.

4. That the following gentlemen be requested to act on the general committee: W. Bowman, Esq., Dr. M. Duncan, Dr. Farr, C.B., Sir William Gull, Professor Humphry, Sir William Jenner, K.C.B., Professor Lister, W. MacCormac, Esq., Sir James Paget, Professor Rolleston, Dr. Sieveking, John Simon, Esq., Drs. Storrar, A. Thompson, Hermann Weber, and Erasmus Wilson, Esq.

Hydrate of Chloral.

Dr. H. H. Kane, of New York city, specially requests members of the profession with any experience whatever in the use of the hydrate of chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:—

1. What is your usual commencing dose?

2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?

3. In what diseases have you used it (by the mouth, rectum, or hypodermically), and with what results?

4. Have you known it to affect the sight?

5. Have you ever seen cutaneous eruptions produced by it?

6. Have you known it to affect the sexual organs? If so, how?

7. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature*; manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc. If an autopsy was held, please state the condition there found.

8. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?

9. Do you know of any cases of the chloral habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's temperament, and the present condition of the patient, with reference to the state of the body and mind in general, and the various organs and systems in particular.

Physicians are earnestly requested to answer the above questions *fully*, especially 7 and 9, in order that the resulting statistics may be as valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 191 West Tenth street, New York City.

Advance of College Fees.

The Louisville *Medical News*, April 17th, 1880, says:—

The deans of the four medical schools in Louisville have agreed upon an advance of fees for the ensuing session and thereafter. Seventy-five dollars will be the price for professors' tickets; matriculation, demonstrators' and diploma fees remaining as they were. They have also made important regulations in regard to the time of actual attendance, the date of issuing tickets, etc. We trust these reforms are but the earnest of greater advances for the future, and that the important peace of Louisville will be preserved.

A Royal Physician.

The *Medical Press and Circular*, April 7th, 1880, says:—

It has been announced that his Royal Highness Duke Theodore, of Bavaria, who recently took the degree of Doctor of Medicine at a German university, has received the certificate enabling him to practice as a surgeon without being required to undergo the additional, or State, examination, to which intending practitioners are ordinarily liable under the German law. If H. R. H. means to practice, we think he would have been wiser not to accept the exemption from the *staats examen*.

Personal.

—We learn that the Chair of Surgery in the Kentucky School of Medicine, made vacant by the death of Professor Kempf, has been filled by the election of Professor A. B. Cook, long and favorably known as a teacher.

—Dr. William Thompson has been elected, by the Trustees of the Jefferson Medical College, Honorary Professor of Ophthalmology.

OBITUARY NOTICES.

—James Hindmarsh Barnes, L.R.C.P.E., M.R.S., died on the 19th of March, at Liverpool. He was a man of great ability, and he was rapidly rising to the highest rank as a surgeon when the unfortunate accident occurred which ultimately led to his death, at the age of forty-seven.

In a paper, which he published a few years since, on "Syphilis and Syphilitic Affections of the Nervous System," and in which his own case is depicted with great vividness and force, he tells us that in June, 1866, while passing through the wards of the lying-in hospital, at the request of a nurse he hastily examined a patient, being quite unconscious at the time that she was the subject of syphilis, and that he himself had a scratch upon the knuckle of the index finger of the right hand. Years of suffering, and at length death, were the results.

In three weeks a hard, brawny swelling, of a deep purple color, and about the size of a horse-bean, made its appearance on the finger, but the nature of this not being at first suspected, mercurial treatment was not adopted for some time. There followed a long train of effects, of which non-suppurative inflammation of the right axillary glands, a general macular eruption, and nodes on the right clavicle and right ramus of the lower jaw, were the earliest. Early in September of the same year the first of a series of nervous symptoms, which, with little intermission, lasted during the remainder of his life, made its appearance as a sudden acute pain over the sternum and right side, so severe as to make movement and breathing extremely difficult. Violent pains in the head, with grave disturbances of sight and hearing, and later on, ataxic symptoms, supervened. The highest authorities were consulted and Aix-la-Chapelle, Ben Rhydding, and Woodhool Spa were successively visited, but in vain.

During all these years he maintained a most heroic struggle against the accumulating ills that confronted him, and though racked with almost constant pain, and disturbed by symptoms even harder to bear than pain itself—such as hemiopia, diplopia, ptosis, muscular tremors, and ataxy—went through his professional duties till 1874, when, on the death of the Superintendent Registrar, he was appointed by the Select Vestry to succeed to the post, as some compensation for the fearful injuries which he had received in their service.

For five years, amid continual bodily suffering, but with a mind undimmed, and even hopeful to the last, he performed the duties with scrupulous fidelity and unflinching courage; and even on

the morning of the 19th, the very day of his fatal collapse, expressed the wish to be taken as usual to his office, and was only kept back from having it gratified by a consciousness that the hand of death was laid heavily upon him.

He left a memorandum, in which he desired that a post-mortem examination of his body should be made; and that cremation should be practiced if that method of disposing of the dead was legal; if not, that he should be buried.

—Dr. Edward R. Hun, Professor of Diseases of the Nervous System at the Albany Medical College, died suddenly, on March 14th, at Stamford, Ct., in the thirty-eighth year of his age. He graduated from the Medical Department of the Columbia University, N. Y., in 1866. Subsequently he visited Europe, and continued his studies in London and Paris. On his return he settled in Albany, and engaged in general practice. In addition to a large private practice, he did a good deal of work in the St. Peter's, Albany and Child's Hospitals, and other less public institutions to which he was attached. For several years he was pathologist at the State Lunatic Asylum at Utica. He became a member of the American Medical Association, the New York State Medical Society, of which he was for a short time secretary, and of the New York Neurological Society. The subject of nervous diseases engaged his special attention, and besides having translated Bouchard's "Secondary Degeneration of the Spinal Cord," he made a number of contributions to medical literature. For several years his health had been poor, the difficulty being of a cerebral nature, following, and doubtless attributable to, a fall from his carriage early in 1876.

—Dr. Matthew Kempf, Professor of Surgery in the Kentucky School of Medicine, died March 27th, at the age of fifty-three, after a brief illness with pneumonia. He was a man of brilliant mind and superior culture. Though he had not long been a teacher, he gave promise of a high degree of success in this field. He was a brave, cautious and successful surgeon, a man of unblemished character, and a scholar of wide reputation. He leaves three sons and three daughters. His wife died about two years ago.

Prof. Kempf's memory was honored by a mass meeting of the profession of Louisville, and by his colleagues.

—Albany has also sustained another loss by the death of Dr. Charles Archibald Robertson, which took place on April 1st, after a protracted illness. He was born at Mobile, Ala., in 1829, and graduated at Harvard in 1850, in medicine, at Jefferson, in Philadelphia, in 1853, and afterward studied diseases of the eye and ear at Dublin and Paris. Two years ago he was president of the Medical Society of the County of Albany, and afterward a censor. He has made several contributions to medical literature, and was highly respected by all who knew him.

QUERIES AND REPLIES.

H. M. H., of Illinois, asks for information as to the best treatment for ulceration of the cornea (nebulous) with intense photophobia. The patient is three years old, of a strumous diathesis, and the disease of one year's duration. Though the general health has been brought up to a good standard, the corneal trouble resists all local treatment laid down in standard works on the eye.

Ans.—An extensive experience in the treatment of corneal ulcers has led us to adopt the following plan, which we have invariably found efficacious: Never to cover the eye, but to expose it to as much light as it can possibly bear; to keep the patient out in the open air, day and night, and in the sun for several hours daily; to abandon the use of atropia, and to give internally large doses (for a child three years old about twenty minims, three times daily) of tinct. ferri chlor., and in addition to this we would suggest the topical application of a solution of boracic acid (ten grains to one ounce), as recommended by Dr. S. Theobald, of Baltimore.

Subscriber, Ind.—A regular physician should never meet an eclectic or any other irregular practitioner in consultation, but in the case you refer to it was an act of humanity to visit the patient; and although it would be proper to refuse to consult with the attending physician, he should, at least, if he be a gentleman, be treated with the same courtesy as the other non-professional attendants.

G. D. C.—"Rötheln" is an eruptive fever, resembling in many points both scarlatina and measles, but identical with neither. For further information we would refer you to "Hall's Differential Diagnosis."

J. C. H., of Albany, N. Y.—We believe the best way to collect bills is to send them in promptly at the end of each month, or as soon as the case requires no further attention.

M. N. C. W.—We have received various communications on the question whether Luke the Evangelist was also the physician, but think we have already given sufficient space to it.

A. S., of Nimisilla, Ohio.—We should suspect pregnancy and institute an examination accordingly.

MARRIAGES.

ASHBRIDGE—BENNERS.—On Thursday morning, April 15th, 1880, at the Protestant Episcopal Church, Pine, above Nineteenth street, by the Rev. G. Woolsey Hodge, Dr. Richard Ashbridge, U. S. N., and Emily Baker, daughter of the late George W. Benners.

FREEMAN—SEAMAN.—On Thursday evening, April 15th, by the Rev. Dr. Thomas D. Anderson, at the bride's residence, John N. Freeman, M.D., and Emma L. Seaman, both of Brooklyn, New York.

KIRBY—HOWARD.—At the residence of the bride's father, by Rev. William Howard, Dr. W. H. Kirby and Miss Sarah P. Howard, both of Kenney, Ill. [This notice was inadvertently inserted among Death Notices, in last week's edition.]

DEATHS.

ADAMS.—At Kingston, N. Y., April 16th, James L. Adams, M.D., aged 46 years, eldest son of Mrs. Frances M. and the late Rev. James Adams, formerly of Monticello, New York.

BURKE.—At Brooklyn, N. Y., on Thursday, April 15th, Dr. Abraham C. Burke, in his 62d year.

LOOMIS.—In New York, on Wednesday, April 14th, Sarah Jane, wife of Alfred L. Loomis, M.D.

SAYRE.—In New York, on Sunday, April 11th, 1880, Charles Henry Hall Sayre, M.D., eldest son of Lewis A. Sayre, M.D., aged 29.

WOODRUFF.—Suddenly, at Elizabeth, N. J., on Sunday, April 11th, M. M. Woodruff, M.D., in the 79th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1210.] PHILADELPHIA, MAY 8, 1880. [Vol. XLII.—No. 19.

Original Department.

Communications.

THE PAINLESS CURE OF INTERNAL HEMORRHOIDS.

BY REUBEN A. VANCE, M.D.,

Of Cincinnati, Ohio.

In order to thoroughly comprehend the philosophy of the following method of treatment, a few remarks upon the anatomy and physiology of the rectum, and the nature, structure and manner of development of internal hemorrhoids, must be premised.

The commencement of the intestinal canal—the tube connecting the mouth and stomach, the œsophagus or gullet—and its terminal portion—the part extending from the sigmoid flexure of the colon to the anus, the rectum—present certain resemblances which are noteworthy. In length there is no marked dissimilarity; in structure both organs are built upon the same type. In both a mucous lining is invested by a double tubing of muscular structure, an internal circular, and an external longitudinal, layer, and a layer of cellular membrane intervenes. The œsophagus is a canal through which food passes on its way to be digested; the rectum is an avenue through which the excrementitious residue, at proper times, is voided. In both, during the greater part of the time, the muscular walls are contracted and their calibre is obliterated; it is only during the passage of materials to or from the digestive organs that the canal is open in either. Whenever the regular time for defecation comes round, the circular muscular fibres at the lower part of the sigmoid flexure relax; this intestinal movement corresponds with the sensation which the person recognizes as the first signal for emptying the bowels. The fecal matter passes from the sigmoid flexure into the rectum, and if the sensation then developed is heeded, and the person retires to the water closet, the bowels are regularly evacuated. But this physiological warning is not an imperative command; it is still within the power of the person to resist the call. As a general rule, the neglect to respond to this intimation is followed by a subsidence of the uneasy sensation, and the act of defecation can be postponed for from an hour to a day. In such cases the relaxation of the fibres at the sigmoid flexure, and distention of the rectum, are followed by an anti-peristaltic contraction in the walls of the latter; the rectum returns its contents into the colon, and the fibres at the sigmoid flexure re-contract. When the bowels are neglected and become irregular the rectum does not empty itself in the way indicated when the signal is given; in such a case the rectum becomes a reservoir for fecal accumulations. Instead of the rectum remaining empty and collapsed, like the œsophagus, its canal furnishes lodgment to masses of excrementitious matter which should have been evacuated. Whenever fæces remain for any length of time in the rectum their watery portions are absorbed, and the residue is left in the intestine as a plug of hard, dry, foreign material. As foreign material it is irritating to the mucous lining of the intestine in contact with it, and tends to produce hyperæmia. The muscular efforts required to disengage it are also much more powerful than in health. A consideration of these circumstances shows not only how it is that neglect of the bowels produces con-

stipation, but how constipation inaugurates a set of evils which result in disease of the rectum.

There are few affections of the rectum more common than internal hemorrhoids; there are few that can be traced so directly to the influence of constipation. There are three well marked varieties of internal hemorrhoids; these three phases of the affection can be discriminated, by the predominating characteristic of their vascular supply, into "capillary," "arterial," and "venous" hemorrhoids. I have already remarked that hyperæmia of the rectum may be induced by constipation. It is also a fact that even in health an ordinary act of defecation is accompanied by more or less eversion of the mucous membrane of the terminal portion of the rectum. An exaggeration of this eversion of the lining membrane may be one of the first steps in the development of internal hemorrhoids, as a consequence of constipation. The interruption of the circulation, but momentary in health, may now be attended by a certain amount of serous effusion, or followed by a painful or uneasy sensation deep in the fundament; quite commonly there is more or less hemorrhage at the same time. Distention of the veins at the lower part of the rectum is accompanied by a tortuous course on the part of those which usually pursue a straight direction; the materials effused during defecation often glue their adjacent parts together, and render the loops thus formed a permanent condition of the venous trunks; while the effect of the sphincter upon the slight enlargement thus produced is to mechanically irritate the part, to increase the quantity of the morbid products in the submucous cellular tissue, and occasionally to induce either hemorrhagic extravasation or coagulation of blood in the affected vessels. The circumscribed enlargement thereby produced projects into the cavity of the rectum, and so stimulates the muscular structure of that organ as to excite prolonged and violent efforts to expel what feels like a foreign body in the lower part of the large intestine. The œdematous structures are grasped and pinched by the sphincter, and the morbid process already initiated is thus stimulated into greater activity The connective tissue about the vessels becomes condensed and hypertrophied, the arterioles and venules enlarge and project more and more into the cavity of the organ, and the obstruction to the passage of fecal matter, which is very great during congestion of these parts, exists to a certain extent at all times. In advanced cases something like the following course can be traced. These circumscribed enlargements or "tumors," from daily contact with the mass of fecal matter as it is extruded from the bowel, are gradually pushed before it, and through the yielding of the loose connective tissue between the mucous membrane of the rectum and its muscular coat at the lower fourth of that organ, they are finally forced through the anus with a stool, carrying with them more or less mucous membrane in which they have developed. This constitutes prolapse of the hemorrhoidal tumors. When the sphincter muscles contract around these tumors their return is prevented, serous effusion is mechanically induced; sloughing, even, may be caused by this muscular strangulation. The mucous investments of these enlargements become granular and congested; the vast number of minute arterial ramifications in this mucous covering become dilated, and when irritated bleed profusely.

In the form of internal hemorrhoids called "capillary" there may simply be hyperæmia and thickening of the mucous membrane. It is this variety of the affection which so readily yields to the application of nitric acid. In the "arterial" hemorrhoid there is one or more tumors, with hypertrophy of the submucous cellular tissue; the name of the variety is due to the fact that large arterial trunks may be traced into the growths. This form of tumor yields readily to the treatment soon to be described. The "venous" hemorrhoid is a later stage of the arterial; the arterial trunks are no longer so prominent, but the hypertrophied submucous cellular tissue still remains. These tumors are the most common variety of internal hemorrhoids the practitioner encounters.

An enema of warm water, or water not too hot to be readily borne, suffices for the complete exposure of all forms of internal hemorrhoids. In order to understand the painless character of the treatment now advised, the practitioner should patiently investigate the sensibility of numerous cases of internal hemorrhoidal tumors. Inject as much warm water as the patient can stand; then, as soon as the enema is voided and the lower part of the rectum everted, exposing the hemorrhoidal tumors, carefully study the sensibility of the rectum about the tumors, the base of the tumors, and, finally, the summits of the tumors. As a general rule, when the tumors are uninflamed, the most sensitive part is a narrow band just at the base of the growth, where the lining membrane of the rectum is reflected on the hemorrhoid. This band may not be the tenth part of an inch in width. The rectum walls just beyond this band are slightly more

sensitive than the general surface of the rectum in the neighborhood. Tracing the sensibility of the tumor itself from the band encircling it at its junction with the rectum to its summit, it will be found that there is rapid loss of all perception of painful impressions as you pass from base to summit, until finally, at the top of the tumor, a needle can be run through its apex without exciting but little if any pain. This anæsthetic region at the top of the tumor varies in different cases; as the outlet of the rectum is neared, and more or less integument enters into the formation of the tumor, it grows smaller and smaller; on the contrary, the deeper they are situated the larger it becomes. In every tumor situated within the line marking the junction of skin and mucous membrane, a region of greater or less extent in which a needle can be passed without exciting but very little pain can be found, if sought for intelligently.

The recognition of this important fact is no discovery of my own. Dr. Bodenhamer, of New York City, described certain experiments which satisfied him that the mucous membrane covering the tumor was much less sensitive than that lining the rectum, and published the same in the appendix to his work on "The Physical Exploration of the Rectum," which appeared in 1870. As a result of my own investigations in this line, I can state that in certain cases there is an absolute loss of all sensibility to pain at the summit of internal hemorrhoidal tumors; that in all, the most sensitive part is the band I have described; and that in no case is the mucous covering of any other part of the tumor as susceptible to painful impressions as the normal lining of the rectum.

If a seton be passed through a swelling due to a collection of inflammatory products the nutritive processes are so modified that disassimilation and absorption are increased. In January, 1878, a gentleman came to me for advice, who suffered from four large internal hemorrhoidal tumors. In the largest of these growths there was complete anæsthesia of the summit, and I passed a needle with a doubled thread through the top, with the intention of strangulating the apex of the tumor. At this point he interrupted me to say that he could not be away from his business for a day that month; that, therefore, I must do nothing that would require him to lay up. Rather than withdraw the ligature I cut loose the needle and tied in the thread, leaving a loop about an inch long; there was not the sixth of an inch between the point where the needle entered the tumor and where it emerged. Five weeks subsequently the same gentleman returned; a little parchment-like thickening alone marked the site of the tumor into the summit of which I had inserted the seton. The gentleman declared he had no more than the usual amount of discomfort with his rectum; that he was not conscious of anything unusual taking place there; yet the tumor had disappeared. I explained matters to him, and inserted two setons—one in each of the two purely internal hemorrhoids remaining—leaving one tumor on the border of the rectum and anus untouched. Through some misunderstanding I did not see him again for a fortnight; both tumors were then markedly diminished. In the end the setons sloughed out and both tumors were cured. The remaining tumor I have since excised, its situation at the junction of rectum and anus preventing the employment of either seton or ligature. Since my experience with this case I have had numerous opportunities of testing this method of treatment. It is only applicable in hemorrhoidal tumors which are not inflamed. The tumors, also, must be purely internal tumors; the deeper and larger the better. Again: there is nothing to prevent the patient continuing his ordinary avocations during treatment. Finally, I am led to believe that this is the method employed by certain irregular practitioners who have great reputations in rectum surgery; that they pass a seton in those cases of internal hemorrhoids that they undertake to cure "without pain or detention from business," and, of course, "without caustic or the knife."

In passing the setons it is necessary that the tumors be completely extruded. This done, by means of enemata of hot water, investigate the condition of the uppermost tumor; find the spot where sensibility is least, and pass a curved needle through the summit, being careful not to go too deep, or to bring the needle out too far from where it is entered. By attending to these points, the needle is passed without pain; yet, if passed too deep, or carried too far from the entrance, not only will pain be excited, but the rectum will contract and the tumors return. As soon as the needle is passed tie the ligature into a loop about six inches long; this loop will enable the surgeon to control the movements of the whole mass of tumors. Next, pass a ligature through each of the other tumors, making the threads double, and tying them so that there is not more than an inch of loop in all. Finally, draw down the upper tumor, by means of the double thread through it, and tie a knot in the latter, so close to the tumor that all the setons

may be alike in length; then cut off the superfluous thread and return the tumors within the anus. This done, the patient should be instructed to keep his bowels freely open, daily, but above all, to at once assume the recumbent posture should any pain develop in the parts. Cases vary widely in the disposition of the seton; in some this comes away within a fortnight, leaving an ulcer that continues open until the hemorrhoidal tumor disappears; in others, it remains until all the pathological products have been absorbed, and then drops out. In the cases in which I have tested this method I have been well satisfied with the result. It is worthy of trial in cases in which the patient cannot abandon his calling during treatment; in such cases the additional time required is of little consequence compared with the advantage of being able to keep at work while being treated.

If the seton sloughs out and the opening heals with some of the tumor still remaining, a new seton is to be passed, just as if none had ever been introduced. It takes from five to nine weeks to cure an average case by this method.

IODINE POISONING AND PUERPERAL CONVULSIONS.

BY C. H. MERAICK, M.D.,

Of Canyonville, Oregon.

It is with the hope of contributing something of interest to the profession that I send you this brief sketch of a fearful struggle I have just had with death, for the mastery of a young unmarried woman in this vicinity. Eight months ago I was called to treat her for excessive vomiting. Not then suspecting pregnancy, my attention was wholly directed to the counteracting of iodine poisoning from which she was suffering, in consequence of having used an immoderate amount of that drug upon her throat, to suppress a goitre. Absorption had been so rapid and complete, that the conjunctiva, in fact, the whole true skin of her body, was tinged with the color of iodine, and its peculiar odor could be detected in the vomited matter. She was then emaciated and debilitated to a painful degree, retching and vomiting having continued almost every hour for two or three weeks. Morphia, aqua calcis, carbo, chloroform, carbolic acid and other anti-emetics, were employed, with but little or no effect. Recollecting having read somewhere that iodide of potassium was an antidote or corrective of mercurial poisoning, the thought came, "why not reverse the matter." I ordered

R.	Hydrarg. cum. cretâ,	4 | 00	
	Pulv. glycyrrhizæ,	2 | 00	M.

Divide into twelve parts.

SIG.—Take one every 6 hours, or oftener, if necessary to check vomiting.

The effect was very encouraging, the vomiting ceased for four hours after the first dose. The powders were continued at varying intervals for several days, the patient having not more than one or two attacks of vomiting in the twenty-four hours. Not the slightest indication of salivation ever appeared, although the prescription was many times refilled. The usual tonic treatment followed, and the patient recovered her usual flesh and strength.

While under treatment for the poisoning, the clinical thermometer was frequently used, and the variations of temperature were somewhat singular. The first trial, in the axilla, indicated 95°, that being the lowest observed during the treatment. Soon after checking the vomiting the heat mounted to 103°. The tonic treatment, principally quinine and iron, imparted force and regularity to the pulse, and reduced the temperature to nearly a normal standard.

Two or three months later I heard that my patient was dropsical, to which I remarked that that was not an unusual sequence in cases where the blood had been so poisoned and disorganized, as in scarlet fever, measles, snake bites, and some other diseases of the skin and circulatory system. Soon after, however, I saw her, and her complexion and general health convinced me that her "dropsy" was of that kind married ladies are frequently the subjects of, and which would require nursing at the proper time.

At the proper time I was summoned to her bedside, and as I entered the room, after a three hours' ride through the mud, she was having a fearful convulsion. As quickly as possible I ascertained that she had been in labor about ten hours; that she had been having "dreadful fits" for five or six hours, as many as fifteen or twenty during that time; that the child was low down in the pelvis, vertex presenting. Here was a case requiring quick thought and prompt action. Fortunately I had not "gone to the woods to chop and left my axe at home." I immediately applied the forceps and delivered my patient, who was totally unconscious, of an apparently dead child. Grasping the uterus through the abdominal walls, I excited it to contraction sufficient to expel the placenta. The little blood which flowed was as black as coal tar.

Physicians have their hobbies. If you ex-

amine the pocket cases and saddle bags of a dozen country physicians you will find, with the exception of a few standard medicines, an entirely different list of remedies in each. And yet these physicians are blessed with the usual amount of success with their patients. As I was then situated, many of the various and sometimes conflicting methods of treating puerperal convulsions flashed through my mind. My patient was wholly unconscious; pulse so fluttering as to preclude its being counted; breathing short and stertorous, and everything indicating a speedy dissolution of soul and body. To administer medicine by the mouth was impossible. With a hypodermic syringe I injected five drops of the fluid extract of digitalis into the patient's arm. The interval of rest to the next convulsion was lengthened half an hour. She had been having them twenty to forty minutes apart. Fearing that I might inject too much digitalis, at the next convulsion I injected ten drops of fluid extract gelsemium. The interval of rest was again lengthened, this time forty minutes. Symptoms of another convulsion appearing, I repeated the dose of gelseminm. The patient slept two hours, but on waking appeared dazed, and could not give an intelligent answer to questions. As she could now swallow I gave

R.	Potassii bromidi,	50
	Chloral hydrate.	30

at one dose.

Four hours of seemingly natural sleep followed, when she awoke and voided a large quantity of dark-looking and offensive-smelling urine, and to the question, "Do you want to see your baby?" she promptly answered, "Yes; where is it?"

After the first injection of digitalis her pulse steadied and became countable, numbering 130. Shortly after the injection of gelsemium the pulse was full and steady, at 100. Some may think the doses hypodermically were rather large, but I was satisfied with the result, so were the relatives and a large circle of friends who were present; and I received that praise and credit, in words and actions, always acceptable and grateful to every physician who does his duty, whatever may be the result of his treatment. Unfortunately, praise and credit is not always given when it is deserved, as once it was my ill luck to experience, in a case where my duty was truly and correctly performed; but puerperal mania seizing the patient, and "spirits" the husband, I was belied and misrepresented, instead of receiving proper credit.

To resuscitate the child I continued my usual practice of swinging it by the heels, which, although it does look a little rough to spectators, seldom fails of the desired result.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

A Clinical Lecture by W. W. Van Valzah, M.D.

Reported by Charles R. Crandall, M.D.

Facial Paralysis.

Gentlemen: This man's name is Charles G., his age thirty years. His business is that of a bottler. His general health has always been good, with the exception of some annoyance and suffering due to nasal catarrh. He has also suffered more or less pain, of a neuralgic character, in the shoulder, neck and supra-orbital region. These pains, and especially those in the supra-orbital and frontal regions, were doubtless due to the catarrh.

About four weeks ago he noticed that his face had become suddenly drawn to one side, and that he had lost control of the muscles of the right side of the face. He tells me that he tried to move his face, as by laughing, but found he could not.

He also says that he has had some rheumatism or neuralgia from time to time, in years past, and even now has more or less pain of that character in his shoulders and legs. I have just interrogated him very closely, and he denies having had any specific disease, nor am I able to find any reliable traces of it about his person. He furthermore says that, when at work, he is exposed to cold drafts of air.

Symptoms.—Let us now turn our attention to the symptoms as we find them, and see what there is to base our diagnosis on.

In the first place, a glance at the patient's face, as he attempts to move the right side, shows a loss of power over the portions in the region of the occipito-frontalis, the orbicularis palpebrarum, the masseter, buccinator and other muscles supplied by the facial nerve and its branches. You will notice, also, considerable ptosis or falling of the right lower eyelid, and also that the right eye is somewhat suffused with tears. Continuing down the face to the nose, we find that the right side of the organ is involved and the ala nasi is depressed. He also tells me that the nostril on the right side is dryer than the one on the left. Passing downward to the mouth, we find the wrinkles obliterated, the power of expression impaired, and also a loss of motion about the right angle. I take the tongue depressor and examine the soft palate, and find that organ also drawn very slightly, if at all, to the left side. I might add that it is large and flabby, a fact which may be due to the catarrhal inflammation, which extends into the posterior nares and pharynx.

I now test the sense of taste, by sprinkling a little powdered aloes, first on the tip of the tongue and then on the back portion. He tells me it tastes bitter in both places and says he can taste his food when eating; hence, that sense is not impaired.

You have doubtless observed his difficulty in hearing. He informs me that he has been unable to hear well for a long time, and as I now hold my watch to his ear, on either side, he says he cannot hear it tick. This deafness may also be due to the catarrh, as that disease often extends into the Eustachian tube, and impairs the sense of hearing. Going yet further into the case, and testing the sensation on this right side with the æsthesiometer, I find it but slightly impaired. You will observe how he bloats out the right side of the face; the fact is due to loss of resistance in the right buccal region, and hence the face bloats out more than on the left side. Please to be particular to bear in mind that all these symptoms came on suddenly, as this fact has an important bearing on the diagnosis.

Diagnosis.—Taking all these symptoms into consideration, I feel warranted in diagnosing the case to be one of facial paralysis or, as it is often called, Bell's palsy. In fact, there are no reasons for attempting to differentiate it from any other disease, for there is no other like it. The only palsy having any resemblance to it is glosso-labial paralysis, but that, as is well known, involves chiefly the tongue and lower part of the face, while this extends over the entire right side of the face. Again, this is not a part of a hemiplegia, general in its extent, for there is no impairment of motion or sensation in the arms or legs.

Causation.—I wish, for a moment, to call your attention to the causes of this affection. There are several recognized, but there are four to which I will allude, as they are by far the most frequent: otitis, exposure to cold, rheumatism and syphilis. In the case of our patient the cause is doubtless due to exposure to cold, which has set up an inflammation in the sheath of the nerve and its branches. You will bear in mind that, although he works indoors, he told us at the outset that he was more or less exposed to drafts of air from without. My views as to the cause of the affection are largely confirmed by the reasons that the palsy came on suddenly, it is not general in its extent, and there is no well established history of either rheumatism, syphilis, otorrhœa, or injury.

Site of the Lesion.

The next point of interest in this case is to locate the seat of the lesion.

The question naturally arises, is the seat of the disease in the periphery of the nerve, or where the nerve passes through the temporal bone, or is it at the origin of the nerve? I have already intimated that the lesion is extra-cranial, and I must now give you my reasons for so believing. In the first place, let us note the course of the seventh nerve, as it is the nerve we are dealing with.

It arises from the medulla and floor of the fourth ventricle, it then passes outward along the crus cerebelli, it enters the internal auditory meatus, it then enters the aqueductus fallopii, and makes its exit from the stylo-mastoid foramen, and is distributed to the muscles of the face, as before mentioned.

It is possible for the lesion to have taken place either at the root of the nerve, or in the portion between the point of origin and the auditory meatus, or in the temporal bone, or in the trunk and branches outside of the skull.

Now, if the seat of the disease was at the origin of the nerve it would doubtless have been due to serious changes, and there would have been marked cerebral disturbance; probably gradual and extensive paralysis and a history of some disease, as, for instance, syphilis; but there are no such symptoms in this case. Furthermore, electric irritability would have been lost; but it is not in this case. If the lesion was between the point of origin and the internal auditory meatus there would also be intra-cranial disturbance, due to pressure and thickening, and, in all probability, other nerves would be involved, as, for instance, the nerve of taste.

Again, if the lesion was seated in the temporal bone there would doubtless be a history of otorrhœa, necrosis, tumor or injury; but there is no such history.

Other points in favor of the view I have taken are the suddenness of the attack and the fact that the nerve responds to electricity. As I said before, electric irritability would have been lost had the seat of the lesion been at the root of the nerve, and it would have been badly impaired or temporarily lost had it been elsewhere, and due to any cause other than a cold. It has been found in this form of palsy, when due to cold, that electric irritability is not only retained but is often increased. As you saw, when I applied the electric current to this man's face the irritability was most marked, and you will bear in mind that this man was exposed to cold and drafts, and hence our reasons for believing that the lesion is extra-cranial and due to exposure to cold.

Treatment.—Having gone over this disease thoroughly, we come now to consider the treatment. I am informed by the chief of clinic that this man has been under treatment in the out-door department for several days.

Thus far the treatment has consisted in applying small blisters to the affected parts and also the internal use of iodide of potassium. This treatment is to be approved and persevered in for awhile longer, at least. There is no remedy to be compared to iodide of potassium for preventing cell-formation in connective tissue and at the same time promoting absorption. This man is now taking ten grains four times daily. I will suggest that the quantity be increased to twenty grains three times daily, and even more if the stomach will bear.

We will continue the blisters from time to time, and also apply the constant or galvanic current three times a week. It is considered that galvanism is most useful in this form of palsy, and that it tends greatly to promote absorption. Had we seen this case earlier we might have applied leeches and wet cups.

Subacute Rheumatism.

The next case I bring before you is that of M. O'D., aged twenty-five. He gives his occupation as being that of a common laborer. He complains of suffering from severe pains in different joints, and thinks he has rheumatism. Let us now proceed to examine him and ascertain what are his symptoms.

Symptoms.—He says he began to have these pains three weeks ago, and that they were chiefly in the joints of the arms. He does not remember that he has had any fever during the last three weeks, or that his skin has been hot and dry. We find at the present time that his tongue is fairly clean, his bowels somewhat constipated, his temperature about normal, and his pulse somewhat accelerated.

As I examine his shoulder joint on right side he complains of great pain and tenderness. I pass down to the elbow joint and find that sore and painful but not swollen or red. Going now to the left arm I find it also lame and painful at the elbow, and as I pass downward to the wrist I find that alike painful, but, in addition, considerably swollen. The patient has directed my attention to the right hip, and I find that that also is tender and painful on motion. So also the other large joints. Hence we have here a very general disease, and, I might almost say, one involving every large joint. Let us now examine the heart and see if the disease has invaded that organ. He tells me he had a pain there also a few days ago, but, as I listen, I am unable to discover any serious disturbance. I find the heart acting rapidly, irregularly, second sound quite pronounced, but no murmurs. The lungs are perfectly normal, and I am informed that there is no albumen in the urine.

Please notice particularly the extreme anæmic condition of this patient, for the fact will bear materially on our treatment.

Diagnosis.—From the history of this case, as well as from the symptoms before us, we have here a case of general subacute rheumatism.

If this patient had been confined to his bed and had suffered from high fever, hot, red, painful and swollen joints, acid sweats, acid and scanty urine, it would then have been a typical case of general articular rheumatism. But there has been none of these acute and febrile symptoms, hence, such a case as this is called subacute. As this case is so pronounced in all its particulars, I will not enter into any differential points between rheumatism, gout and rheumatoid arthritis but simply add that the seat of the disease is in the fibrous tissue of the large joints.

Causation.—As you are all doubtless aware, it is the generally accepted opinion that rheumatism is due to excess of lactic acid in the blood. This poison seems to have a tendency to attack the tissues of the body, but chiefly the fibrous, serous and muscular.

Treatment.—The treatment of rheumatism is and has been a matter of dispute. Many theories as regards the disease have been held, and a host of remedies have been advised.

Some advise acids, others alkalies, others the salicylates, etc., etc. If this case was acute, I would be justified in resorting at once to alkalies or salicylic acid. As it is, however, the case is subacute, and the patient very anæmic, hence another treatment is plainly indicated.

It is a case where the tincture of the chloride of iron is the one remedy above all others. I will advise, therefore, that this man have twenty drops of the tincture of iron every four hours. Besides this he ought to be kept from all exposure, the joints should be kept perfectly quiet, and he should have a generous, nourishing diet, like milk, beef, eggs, etc. Instead of going about, as he is now doing, he ought to be put into bed in a moderately warm room, and kept there until well.

Anæmia.

This little patient to whom I now call your attention is Annie S., aged nine years. As her mother is here with her I will endeavor to get at the history of the case through her. She tells me that Annie has been rather delicate during the last three months, and that she has appeared to be wasting away quite rapidly for the three weeks just past. She goes on to say that the child has always been energetic, active and studious in school. About three months ago the child began to look pale, her appetite began to fail, her sleep became disturbed, and she has suffered from a slight cough. The mother says, in addition, that there have been no night sweats or sweats at any time, and that the child has a capricious appetite, and instead of being active, as formerly, seems to want to sit and lounge about. There is no history of a cold or sickness in bed, but there has been constipation, and probably more or less indigestion. The mother says the child had scarlet fever and measles several years ago, but never any malarial manifestations.

Symptoms.—As we now examine the child for ourselves, we notice at once her extreme pallor and the dull expression of her face and eyes. I might almost say that the skin and mucous membranes have even a pearly hue. As we look at her ears and lips they seem to be bloodless, and as I look at the conjunctiva I find every evidence of the most pronounced anæmia. I find the tongue to be clean but pale, and also ascertain that at the present time her bowels are very sluggish. She is also very thin in flesh and debilitated.

Diagnosis.—From the above symptoms our diagnosis is plain, and it is almost unnecessary for me to tell you that the case is one of marked simple anæmia. There are two chief forms of anæmia, idiopathic and essential. There is also what is sometimes called symptomatic anæmia, which exists as a symptom of some disease or exhaustive discharge. Again, anæmia may be due to some poisonous element in the blood, as malaria. Usually, however, idiopathic anæmia is due to mal-nutrition, which tends to impoverish the blood. In this case there is no history of any discharges or malarial poison, and the patient is too young and the duration of the disease too short to make it a case of pernicious anæmia. Hence, we are forced to the conviction that it is, as I said before, a case of marked simple anæmia occurring in a girl of nine years.

Treatment.—I will ask a gentleman in the class what treatment he would suggest for a case of this kind. As you all heard, he replies "improved hygienic surroundings and building up." He is perfectly correct in his views, and therefore I will advise that this child be given a good bath every morning, with tepid water, in which there has been dissolved a little salt. After she has been bathed she is to be well rubbed until the skin reacts nicely. Every

pleasant day she is to go out of doors, to walk or ride, but the exercise must not be of a nature to exhaust her strength. What she needs is refreshing exercise, an abundance of oxygen and a generous diet. In regard to her diet, which is of the utmost importance, I shall direct that she takes at least two quarts of milk in the twenty-four hours, and that she also have as much beef, eggs, mutton and bread and butter as she can eat. She ought to have five regular feedings a day.

Now, in regard to medicines, it has probably occurred to you all that the tincture of iron is plainly indicated. So it is; but I hesitate to prescribe it for her, owing to the fact that it is injurious to the teeth, especially as it would be taken by a child; and in her case the second teeth have just nicely come, and are a good set. There is another form of iron which I think will answer just as well, is free from the objection alluded to, and is taken much more readily. Therefore I will prescribe as follows:—

℞. Pil. ferri carb., (Vallette's mass.) ℥j.
Ft. pil. in No. gr. xxx.
Sig.—Take one pill four times daily, and follow it by one teaspoonful of sherry wine.

In this prescription we will get good results from the iron as well as the gentle, stimulating and tonic effect of the sherry wine.

Infantile Dropsy.

I have still another little patient to whom I wish to direct your attention. His name is Thomas F., and his age is five years. His father is with him, and from him we will get the history. He tells us that this child had scarlet fever four years ago, and has never been well since. From that time the child has been nervous, has had a full abdomen and a rapid and irregular acting heart. These symptoms have been so marked as to attract the attention of the parents. The father goes on to say that the child has always had, during the past four years, this sickly look which you now see, and he has noticed that he did not pass his water as often and freely as he should. Furthermore, the child began to show more signs of failure about three months ago, and since then has had a dry, hacking cough. During this period the child has not spit any, has had no sweats, has had a poor appetite, has lost flesh, and has been very pale. I am told that there have never been any enlargements or ulceration of any of the glands. So much for the history of the case, and we will now proceed to examine the symptoms.

Symptoms.—As we look at the child we note the pallor, the look of suffering and the dull, heavy eyes. As I auscult the lungs I find sonorous bronchial rales on the left side, caused by a tough, tenacious mucus. The breathing is rather rapid and has a rough, harsh sound. There does not seem to be any trouble on the right side worth mentioning. It is not an uncommon thing to find one-sided bronchitis in children, but, as a rule, in adults it is about the same on both sides. As this child is very delicate, I will not percuss the chest; and besides, percussion of children is not of great value. With them the chest walls are so thin that the ear will usually detect all that there is to be learned. I now place my ear over the heart and find its action to be rapid and the first sound very feeble, but do not find any organic disease. I palpate the abdomen, and find it rather large and flabby, but cannot detect any fluctuation. I do not see that the limbs are swollen, but the father says that the child's feet and ankles have been more or less swollen at times, for a year or more.

Diagnosis.—All the symptoms in this case point to a disease in the kidneys, which has probably existed since the child had scarlet fever. The liability to renal affections after that disease is very great, and the duration may be short or long. As this child's urine has not been examined with a glass, I will not pretend to say just what form of kidney disease it has. I will have the urine carefully examined, so that we will know exactly what we are dealing with. I will add, however, that the urine has been examined sufficiently to discover the presence of considerable albumen.

Treatment.—I am informed that this case has already been under treatment in the out-door department for a week. The child is now taking Basham's mixture and the tincture of digitalis, and in that manner is getting five minims of the tincture of iron and two minims of the tincture of digitalis, three times daily. As that treatment can hardly be improved upon we will continue it for awhile longer. In addition to the medicinal agents I will urge the importance of a generous diet of milk, eggs, beef, etc. I cannot insist too earnestly on the milk, for it not only nourishes, but keeps the kidneys acting freely. The child is not to have tea or coffee.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Infantile Convulsions.

BY J. W. PLUMMER-BATES, M.D.

One of the most frequent as well as one of the most alarming and dangerous diseases of the first year or two of a child's life is convulsions. You have all seen them, and have many times been compelled to stand and see a child die, promptly, in spite of all your efforts to prevent. A witty physician has said that you never know what is going to be hatched out of an ostrich egg, and in many cases, I think, eclampsia is the medical ostrich egg. They may mean anything or nothing. They may occur as the first prominent symptom of serious brain disease; as the introduction of one of the eruptive fevers; as the result of rickets and a soft occiput pressing on the brain and cord; as a symptom of intestinal worms; from dental pressure; from indigestion and flatulence; from vesical disease, as passage of a calculus; from cutaneous irritation; and, sometimes, from a highly susceptible, irritable and nervous temperament, which may often exist in connection with a healthy and vigorous physical organization. In fact, they may be a symptom or complication of almost all diseases to which the child is liable: and there are cases

related in which violent emotion on the part of the mother produced such changes in her milk as to make it promptly fatal to her offspring. With so many causes producing; with the alarm produced in the family by their occurrence; with the thousand and one remedies which do no good if they do no harm, offered to you by all the old women; the pressure made to do something and to do it quickly; the physician has to work at a great disadvantage. When called to a case of convulsions you frequently find that the convulsion is over; the child lies languid before you, and, in many cases, all your experience and knowledge will not enable you to answer the question of the anxious mother as to whether it will have another.

Active cerebral congestion may result from exposure to the sun, in eruptive fevers, and from suppression of some eruption on the scalp. Our friend, Dr. Arnold, related, a few years ago, a fatal case occurring in his practice, caused, he believed, by the too speedy cure of disease of the scalp. Pertussis may produce a passive form of hyperæmia, from the interference with respiration and circulation.

Convulsions occurring in the early stages of eruptive fevers are not usually of the grave significance that they are when met with later. In the child, convulsions have often the same meaning as delirium in the adult, and these cases may simply depend upon a high grade of fever, and not upon the intensity of the poison. Of course, a case of scarlatina may be ushered in by a convulsion, and the child may die within twenty-four hours, even before the appearance of the eruption, by the disease expending its force upon the cerebro spinal system. In the latter stages of these fevers convulsions usually mean but one thing, and that is the death of the patient. We frequently meet with convulsions in the last stages of exhaustive diseases, as summer diarrhœa. In these cases I do not think the eclampsia indicates so much cerebral effusion as a cry from the nerve centres for more and richer blood. It is analagous to epilepsy produced by profuse bleeding. A few years ago a gentleman published an article on the pathology of infantile convulsions. According to his view they depended almost entirely on depression of the occipital bone and overlapping of the parietals; which depression was caused by the pressure of the mother's arm. His remedy was elevation of the bone by manipulation, suction, or, if these failed, the use of the elevator, as in a case of fracture of the cranium. In softening of the bones, from rickets, the occiput may make such pressure, but in the majority of cases I have failed to find any depression or overlapping of the parietals.

It is not necessary to describe convulsions, as you are all too familiar with them. They may arise from any cause, and may be general or partial; may involve the whole body or be limited to a limb, or even to a single muscle, as the twitching of the eyelid. The nervous system of a child is very impressionable, and an indigestible particle of food may be sufficient to keep a child convulsed until it is removed. Last summer I saw a case of convulsions which was produced, apparently, by a small piece of prune skin. After its removal, by enema, she had no more well-defined attacks.

As to the causes producing this disease, the most frequent is intestinal irritation. Convulsions are not so frequently produced by cerebral congestion, and as a complication of the eruptive fevers they are rare, compared with the whole number of children attacked by these diseases.

The prognosis depends upon the severity of the attack, and on the age, strength and previous condition of the child. If there are predisposing or coöperating causes, as a nervous or excitable temperament, or dentition, the prognosis is less favorable than when such causes are absent. In sympathetic eclampsia the prognosis varies greatly, according to the nature of the primary disease, and often according to the stage of that disease. The prognosis is more favorable if the parallelism of the eyes is retained, the pupils remain sensitive to light, and consciousness soon returns. A fatal termination may be predicted if, after the convulsion, the child remains stupid, without any evidence of returning consciousness. We are told that certain prodromic symptoms may frequently be noticed, and by attention to these we may be able to ward off a convulsive attack. We can all read these symptoms correctly after an attack, but in many cases the prodromes attract no attention from the mother, and we are not called to see the child until convulsions are present; and in others the prodromes may apparently be present, and no convulsion result.

In the treatment the old rule holds good—remove the cause if possible; but in many cases the cause is difficult if not impossible of detection, and the symptoms have to be treated as they arise. You will usually find that the child has been put in a hot mustard bath before your arrival, and against this treatment nothing can be said provided a very small quantity of mustard is used. I think I have seen the convulsions aggravated by the intense cutaneous irritation produced by strong mustard water. Cold to the head, if it be hot, should be used in conjunction with the bath. Onions to the wrists and ankles are very popular with the laity; their application gives the friends something to do, and if they do no good they do no harm If the attack is from stomachal or intestinal irritation I think an emeto-cathartic is good treatment, as calomel and ipecac., followed in a short time by a large injection, to thoroughly unload the lower bowel. To quiet the convulsive action I am accustomed to rely upon a combination of chloral hydrate and bromide of potassium, and have usually found it efficient. Chloroform I have used, but I cannot say that my experience has been favorable; as I only resorted to it when other remedies failed, probably I have not given it a fair trial. Dr. A. P. Merrill recommends giving it in teaspoonful doses to a child a few years old. I have never used it in this way. Trousseau recommends pressure on the carotids. Opium should be used very cautiously, if at all. If positive evidence of active cerebral congestion, leeches may be used to advantage. I have no confidence in oxide of zinc or the other antispasmodics, as assafœtida, valerian, etc. Musk is, however, sometimes useful.

The treatment of convulsions occurring in the eruptive fevers has to be governed very much by the condition of the cases and the stage of the disease.

Dr. Percivall. I can approve of almost every word the doctor has said, and especially in regard to the effect produced by the maternal milk. I practiced for years in Alabama, where it was the rule to send the women to the cotton field one month after delivery. There they would work all day, and carry in at night, on their heads, from 100 to 150 pounds of cotton. After this fatigue they would nurse their children, and I have seen many cases of fatal convulsions produced in this way. I think convulsions of cerebro-spinal origin can be distinguished from those of intestinal causation, by the action of the child. In the latter the child draws itself forward; in the former it throws itself backward. Cathartics will relieve one form, but when from brain trouble you will usually find spinal tenderness, and then blisters are of great advantage. The diet of children is all-important.

Dr. Arnold. There are two points which I wish to notice: First, in certain families there is a peculiar predisposition to convulsions from slight causes, and it has to be assumed that there is a neuropathic agency, and great care has to be used to prevent attacks. I do not believe that we possess any remedy for this condition. The great point with parents is to know whether the convulsion is epileptic or not. Infantile convulsions generally do well. We know that epilepsy appears at a very early age. We can distinguish, in the adult, epilepsy from other convulsions, but in children we cannot do it. No doubt a large number of cases of infantile convulsions are epileptic. The real pathology of convulsions is very obscure. Brown-Séquard can bring on epilepsy by irritation of certain zones, and these convulsions become hereditary. The neurotic cases may take the form of chorea, asthma or epilepsy. Anæmia, as well as hyperæmia or inflammation, will produce convulsions. I have long since followed the plan that the less you do the better. Take off the child's clothes, let in light and air, keep it as quiet as possible, and if there is no acute disease behind the attack the child will do well. Convulsions coming on while the child is in good health either amount to very little or else it is a case of epilepsy. Of course, if any irritation, remove it, and if fever and other symptoms be present there is something behind the convulsion.

Dr. Caldwell. I think chloroform is the great remedy, and would not like to treat a case without it. Have no experience with it internally, in the doses mentioned, and would be afraid to use it in such quantities.

Dr. Morris. When it was the custom to bleed for everything, I frequently saw convulsions after venesection.

Dr. Arnold. Have you ever seen convulsions after post-partum hemorrhage? Immense quantities of blood are lost, and yet convulsions never follow.

Dr. Monmonier. It was a common thing, during the war, to see men die on the battle field from convulsions: find them perfectly rigid, apparently frozen, in whatever act (as shooting, etc.,) they might be engaged in.

Dr. Arnold. Was not that tetanus?

Dr. Monmonier. It was a tonic convulsion: you may call it tetanus if you please.

Dr. Morris. One of the causes not mentioned is malaria; the chill is frequently ushered in by a convulsion. I think the doctor is a little too sweeping in his condemnation of antispasmodics, as I have seen excellent effects from sumbul.

Dr. Cathell. Dr. Bates speaks of dental pressure as being one of the causes of convulsions, and all late works teach that incision of the gums is not good treatment. I have seen cases in which incision has been followed so promptly by cessation of the convulsion that it could only be cause and effect. I think the object is to cut across the nervous filaments, and this relieves the irritation, and it makes but little difference whether the tooth comes through or not. Should it heal, and subsequent symptoms demand, I should not hesitate to incise as often as necessary.

Dr. Scarff. I think the time you make this incision has all to do with it; if the gum recedes and lets the tooth through, you do good, but if a cicatrix forms, you do harm.

Dr. Lynch. Very probable that Dr. Scarff may be mistaken in the statement that cicatricial tissue is harder to penetrate; a cicatrix has less resistance than normal tissue. I agree with Dr. Cathell, that when the tooth is pressing on the gum I do not hesitate to incise; great benefit is derived from cutting the nervous filaments, and the pain of irritation is relieved. I am in doubt, however, as to dental pressure producing convulsions.

Editorial Department.

Periscope.

Treatment and Complications of Nasal Polypus.

The *Lancet*, Feb. 21, 1880, informs us that at the meeting of the Medical Society of London, held on the 16th of February, Dr. Thudichum read a paper on polypus in the nose, its radical treatment by the electro-caustic method, and its connection with asthma. His experience extended over more than three hundred cases. He never employs the forceps, as it is painful, injurious and ineffectual; and he described cases where severe permanent injuries had followed its use—*e. g.*, partial or entire closure of a nostril, membranous adhesions between turbinate bone and septum, dislocation of turbinate bone, fracture of septum, etc. His

own method obviated such risks. The polypus is drawn forward by hooks or fine forceps, and then included in the platinum loop of the electro-cautery. "Posterior rhinoscopy," or as it was preferably termed, "Choanoscopy," was useful for diagnosis but not for operating; and he thought Voltolini's and Zaufel's methods imperfect. He showed how atresia of the nostril was opened by burning inward into the closed loop and then excising the projecting parts; enlarged spongy or cavernous turbinate tissue by ablation in pieces. Ablation of the turbinate bone was effected by first cutting away the cavernous tissue with the electro-cautery, and then cutting away the bone with nippers, or chisel and hammer. Bony excrescences in polypi were similarly treated. Adenoid tumor of the choano-pharyngeal cavity he had removed through the nose by torsion and the electro-cautery. Epithelioma of the nasal cavity was soft, gave rise to great hemorrhage, and must be treated cautiously. Concealed abscesses of the nasal cavity, often of traumatic origin, were difficult to deal with. He had once met with abscess complicated with aneurism. He referred also to the treatment of fibro-cartilaginous growths on septum, and to fibrous, osteo-fibrous, and osteo-cartilaginous tumors arising on the roof of the pharynx. Chronic disease in the nose caused by foreign bodies was sometimes difficult to diagnose. Hearing was frequently affected from a polypus pressing on the Eustachian tube, and he had met with many persons who had been thrown out of career, employment or situation, by disease of the nose. The most common complication was asthma; about every fifth case of polypus had or had been suffering at one time from asthma, which frequently disappeared on the removal of the polypus.

Ruptnre of the Duodenum from a Blow on the Abdomen.

Lewis S. McMurtry, M.D., of Danville, Ky., writes to the Louisville *Medical News*, April 27th, 1880—

Two days since I was called to see a man, and while walking to the house received the following history: The patient, aged about forty-five, in good health, went out, about two hours after eating his breakfast, to catch a horse which was grazing in the yard. He approached the animal from behind, and when just in the act of placing his hand upon him received a severe kick in the abdomen. The horse was heavily shod, and dealt a quick, strong blow with the left hind foot. The man made his way to the house, and in fifteen minutes thereafter I saw him.

He was rolling in most intense agony, and referred the pain to the umbilical region. The extremities were cold, the pulse small, and he presented that array of symptoms which belong to shock. After placing him in bed, having his extremities rubbed with hot flannels, and administering about an ounce of whisky containing fifteen drops of the tincture of opium, reaction came on. But the pain continued, and it was a notable observation that it was, if possible, intensified by the whisky and laudanum. An examination of the abdomen disclosed no evidences of injnry. The skin was neither bruised nor broken, and the abdominal muscles were in hard contraction.

A short time afterward I administered a quarter of a grain of morphia hypodermically, and continued to exhibit the drug in this manner as frequently as seemed admissible. But the patient was never free from pain. Six hours after receiving the injury he was persuaded to take a small quantity of beef soup, but the stomach promptly rejected it.

At the end of twelve hours the patient's strength began to fail, and nineteen hours from the time of injury death released him from the intense suffering. The bladder had twice emptied itself of healthy urine, and there was no perceptible swelling of the abdomen.

Five hours after death I made a post-mortem examination, with the following result: Upon opening the abdomen a considerable quantity of bloody serum presented itself. The peritoneum was markedly injected, and lymph was already deposited upon the small intestine. Within the mesentery and within the peritoneal cavity, and surrounding the duodenum, was found a dark semi-fluid mass, which proved to be the partially digested contents of the duodenum. A careful examination of the intestine in the midst of this mass disclosed a rent into which the finger could be easily introduced. The opening was about two inches below the pylorus. Particles of beefsteak were found in the effused mass, and the whole was colored with bile and had a fresh, acid odor. Drs. Cowan and Johnstone, of this place, were present at the autopsy.

The following conclusions seem to be justified: The blow was received about two hours after the ingestion of a hearty meal. Digestion had reached that period where the point of greatest tension was in the duodenum. The blow was given to the abdomen as a whole, and the abdominal viscera were driven against the vertebral column. The rupture occurred at the point where the tension was the greatest. The autopsy also explains the increase of pain by the administration of whisky and laudanum, as these articles evidently passed through the pylorus into the peritoneal cavity. The case also illustrates the rapidity with which, under certain circumstances, inflammatory action spreads over the perineum.

Anatomical Reasons for Dextral Preference in Man.

John A. Wyeth, M.D., of New York, in an interesting paper on the above subject, which appeared in the *Annals of the Anatomical and Surgical Society*, of Brooklyn, N. Y., April, 1880, sums up his views as follows:—

1. Man is right-handed by preference, as a result of his anatomical development.

2. The arrangement of the embryonic protoplasmic element is such that the liver developing on the right side greatly outgrows its opposing viscus, the spleen, and pushes the heart to the left of its original position in the median line, causing an obliteration of one of the two originally symmetrical arches of the aorta. and an obliquity of the remaining one.

3. This loss of symmetry involves an arrange-

ment of the great vessels of the neck and upper extremities, by which the artery carrying blood to the right arm is more favorably situated and receives more blood than the one to the left arm, while the left carotid and vertebral arteries supplying the left half of the encephalon, which presides over motion on the right side of the body, are more favorably situated, and convey more blood than the two vessels which have the same distribution on the opposite side.

4. This fact accounts for the development of the left half of the brain in excess of the right.

5. It is not the slight excess in weight of the viscera of the right side of the abdomen, which is given by some to be the cause of right-handedness, who argue from this that man must lean to the left, *i.e.*, balance himself upon the left leg, leaving the right extremities freer for action. It is a matter of cubic inches, of bulk, in fact, of cardiac displacement.

6. Education, training by persistent effort, will overcome the natural tendency to dextral preference, and will render the individual more clever with the non-preferred hand; more equally adroit with both sides of his body; more symmetrical in muscular growth; will tend to equalize the two halves of the brain, giving a better cerebral development, and will consequently render him more serviceable to society and himself.

The Therapeutical Value of Nitro-Glycerine.

A. W. Mayo Robson, F.R.C.S., of Leeds, writes as follows to the *British Medical Journal*, April 10th, 1880:—

During the last twelve months I have tried this remedy in migraine, asthma, angina pectoris and epilepsy. In migraine, one or two drops of a one-per-cent. solution produces, within a few minutes, a diminution of tension in the previously corded temporal artery, and relief of the pain, which in some cases does not return, but in others recurs when the physiological effects of the drug have passed off. As individuals are affected differently by nitro-glycerine, I always begin with one minim of the one-per-cent. solution, but sometimes find it necessary to increase the dose to three or four minims to produce the desired effect. In several cases of asthma it has relieved the breathing in a most remarkable manner; the cases in which it answers are such as would be relieved by amyl-nitrite, but its effects are more marked and the relief is more durable.

One case of severe asthma, occurring in a patient suffering from chronic renal mischief and mitral deficiency, is worth specially mentioning. I prescribed the one-per-cent. solution in the form of a minim to a drachm of water, and ordered two drachms to be taken every quarter of an hour till relief was obtained. My patient, however, had two large tablespoonfuls of the medicine given, instead of two teaspoonfuls. He said that the effect was wonderful; he thought his head was going to burst, but his breathing was effectually and permanently relieved, and that instantly. In this case amyl-nitrite, although inhaled in large doses on previous occasions, had given very little relief. Since that time, several months ago, he has been threatened over and over again with his old attacks, but a dose of the medicine always staves it off.

In angina pectoris the relief given by nitro-glycerine is most complete; but as several cases have been reported in the journals, I need only mention it. The relief in these cases is not simply temporary ease from pain, but if the remedy be given thrice daily in gradually increasing doses, beginning with one minim of the one-per-cent. solution and steadily advancing to eight minims, the attacks lessen both in frequency and intensity. One of my patients, who has suffered severely from angina, always carries a bottle of the medicine in his pocket, and he tells me that by taking a dose of five drops when he is threatened with an attack it is always prevented.

I am trying it in some cases of epilepsy; but as yet my observations are not sufficiently advanced to be worth relating. I cannot see why, if it relieve the vaso-motor spasm in other diseases, it should not also have the same tendency in this most distressing disease; and since its regular use in angina seems to be curative, I have hopes that here we may have a similar effect. Again, if the "aura" gave sufficient warning, it might be worth while to try if a good dose would prevent an attack.

I have not had a chance of trying it in sea-sickness, but should think it might do good: and it would certainly have this advantage over amyl-nitrite, that all the other occupants of the cabin would not be compelled to inhale its fumes for some time afterward, which is the case if amyl-nitrite be used in the ordinary way, much to the annoyance of those who are well.

Cough Produced by Accumulations in the Ear.

A. E. Bridger, M.B., reports the following case in the *Lancet*, March 6, 1880:—

The patient, a singularly robust young lady, consulted me in regard to a cough of some three years' standing. The cough was loud, incessant and peculiarly "hollow. It was dry, unaffected by times of day, seasons, or weather. It deprived her often of rest at night, and rendered her a source of annoyance and anxiety to her friends. She had consulted various medical men, and had taken almost every conceivable patent medicine, including some powerful sedatives, without obtaining even slight relief. The heart and lungs proved, as I had expected, to be healthy. The functions of the uterine, gastro-intestinal, and renal systems were stated to be strictly normal. There were no symptoms indicative of the presence of entozoa. The condition of the throat was natural; there was no relaxation of the uvula. I had come to the conclusion that the cough must be of a hysterical nature, when it occurred to me to examine the ears. The left membrana tympani was plainly visible and healthy. The state of the right one was hidden by a dark mass. On touching this mass with a probe, through the speculum, the patient's peculiar cough was immediately produced, and by keeping up a very slight, steady pressure on it, a fit of coughing, not unlike a violent par

oxysm in whooping cough, resulted. By the aid of a large ear-syringe and a weak, hot alkaline solution, a piece of hard wax, *fons et origo mali*, was with some difficulty produced. It weighed over three grains. I followed up the syringing by the use of Politzer's apparatus. The cough ceased, and though some weeks have now elapsed, it shows no sign of returning.

Diaphragmatic Pleurisy.

The London *Medical Record*, Feb. 15th, 1880, informs us that in an interesting work on this subject M. Hermil says that this affection is more common than is ordinarily supposed, and that in the cases in which it is primary it may be considered as relatively mild. The first part contains a very complete historical summary; the second a clinical history. This form of pleurisy commences like ordinary pleurisy, with fever, shivering, and pains in the side; all the symptoms, however, being less acute than in ordinary pleurisy. Effusion reveals itself by the ordinary signs, but never rises above the inferior third of the pleura, and rarely reaches that limit. The characteristic indications of the disease are neuralgia of the phrenic nerve, cardio-costal tenderness, and pain at the origin of the scalenus. After two or three days of slightly febrile state, effusion forms on the other side. This is always less considerable than the first, and need hardly be considered a complication; and even this new inflammation, far from inducing a recrudescence of the symptoms, appears to M. Hermil, in certain cases, to exercise a favorable influence on the evolution of the affection. This paradoxical amelioration is by no means one of the least interesting effects of the symptomatology of benign diaphragmatic pleurisy. (This work of M. Hermil is based upon sixty-two cases, of which a large number are personal; in these sixty two cases there were thirty-three recoveries and twenty-nine deaths. But while there were twenty-eight deaths in the thirty-five cases in which the disease was secondary, there were twenty-three recoveries in the twenty-seven cases in which it was primary.—*Rep.*)

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Aspiration of the Knee Joint," is the subject of a reprint from the *Transactions* of the American Medical Association, 1879, by Dr. Henry O. Marcy of Cambridge, Mass.

——Dr. Charles Stedman Bull, of New York, sends us a reprint from the *Archives of Ophthalmology*, on the removal of foreign bodies from the eye, with four cases.

——We have received from M. C. Holbrook & Co., New York, a little monograph on muscle beating, or active and passive home gymnastics for healthy and unhealthy people, by C. Klemm, Manager of the Gymnastic Institution in Riga.

——In a reprint from the *Maryland Medical Journal*, for April, 1880, the prospective advantages of Baltimore as a medical centre are discussed by Dr. John Van Bibber.

——The twelfth annual report of the Pennsylvania Society for the Prevention of Cruelty to Animals has just been received, and also the annual reports for 1879, of the Academy of Natural Sciences of Philadelphia.

——Dr. Chas. W. Earle, of Chicago, in a reprint from the Chicago *Medical Journal and Examiner*, fully exposes the Cinchona Cure for Intemperance. After a very careful and unbiased investigation as to its merit, he states it as his belief that it is absolutely valueless, and that it has made more drunkards during the past year, in the city of Chicago, than any one saloon.

——Parts VII, VIII. IX and X of "Photographic Illustrations of Skin Diseases," by George Henry Fox, A.M., M.D., give excellent and life-like illustrations of various forms of lupus, epithelioma, trichophytosis, lichen, kerion, lepra maculosa, molluscum, erythema multiforme, phtheiriasis, scabies, and porrigo e pediculosis, accompanied by descriptions of the diseases under consideration. Published by E. B. Treat, No. 805 Broadway, New York.

——The *United Service* is a handsome magazine of about 125 pages, on excellent paper, and ably edited. It presents a monthly review of military and naval affairs, from the pens of some of the best writers in both branches of the service. Medical matters are not neglected. In the numbers for April and May, now before us, we observe articles by such distinguished officers as Rear Admiral Daniel Ammen, Commodore E. Simpson, Major General O. O. Howard, Medical Director E. Shippen, Professor John M. Brooke, and others. (Philadelphia, L. R. Hamersley & Co., 1510 Chestnut street. $5.00 per year.)

BOOK NOTICES.

A Guide to the Practical Examination of the Urine For the Use of Physicians and Students. By James Tyson, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Third edition, revised and corrected, with illustrations. Philadelphia, Lindsay & Blakiston, 1880. Cloth, 8vo, pp. 183. Price, $1.50.

In preparing the third edition of this work, which has now come to be regarded as the best textbook on urine analysis in this country, the

author has made but few additions or alterations. A few new cuts have, however, been introduced, chiefly to replace older ones, and some inaccuracies as well as typographical errors which existed in the second edition have been corrected. Although no physician should be without the necessary means of examining urine, the busy practitioner has seldom the time or the apparatus required for performing quantitative tests with the same accuracy as a chemist; but by the volumetric method, so well described in this little manual, a quantitative analysis, sufficiently correct for all practical purposes, is rendered easy, and requires but very little time for its performance. In testing for albumen it often occurs that if it be present in a small quantity only, it is redissolved by an excess of nitric acid being added; but this will be obviated if the method here laid down be followed. The same care to prevent possible error, we find, has been taken throughout the work. We can therefore heartily recommend it as a safe guide to urine analysis, both qualitative and quantitative.

Common Mind Troubles, and the Secret of a Clear Head. By J. Mortimer Granville, M.D., M.R.C.S., etc. Edited, with additions, by an American Physician. Philadelphia. D. G. Brinton, 115 South Seventh street. Cloth, 12mo, pp. 192. Price $1.00.

This manual of mental hygiene is now for the first time presented to the American public, after having met with a most favorable reception in England. In the first chapter, on *failings* which the author says are "the worst and most mischievous, the deadliest and least curable, of the ills to which the moral nature of man is heir," he points out how these may be removed by self-improvement, and shows the criminality of neglecting to do so; this is especially the case with regard to such failings as we may have inherited from our parents, and upon which it is the custom to bestow great commiseration and little blame, although they are the least pardonable, because, if they are known to have been transmitted from parent to child, the latter has, generally, the advantage of an example, ever present to memory, by which to correct his personal deficiencies. In a similar manner he deals with *defects of memory, confusions of thought, sleeplessness from thought, hesitation and errors in speech, low spirits*, and *tempers—good or bad*, proving conclusively that the will, when guided by the intellect, is capable of overcoming most of these difficulties, if recognized sufficiently early, which otherwise would lead to serious troubles. Then follow chapters on *mental languor and listlessness*, and *morbid fear*, by the American editor, who regards these symptoms as forerunners of grave mental disorders, and therefore worthy of immediate attention. In the last chapter of Part I, on "Creatures of Circumstances," the author shows that "man is the *master* of circumstances," and that "those he has not himself created he can subjugate, and employ as means to his own noble and honest ends." In Part II the secret of a clear head is discussed in the same philosophical manner, and many excellent precepts are laid down, which, if heeded, would obviate much suffering. The entire book is replete with matter of interest to all, and it furnishes material for reflection to every thoughtful mind, together with special consolations and comfort for those who are unhappy. Although written chiefly for the laity, it is well worthy of being read by physicians as well.

Post-mortem Examinations, with Especial Reference to Medico-legal Practice. By Professor Rudolph Virchow, of Berlin Charité Hospital. Translated from the second German edition by Dr. T. P. Smith. Philadelphia, Presley Blakiston, 1012 Walnut street. 1880. Cloth, 8vo, pp. 145.

This little manual will be found very useful to those who have to conduct post-mortem examinations, as it will enable them, if they follow the minute instructions laid down therein, to do it in such a systematic manner as will ensure a thorough examination of each part of the body within the shortest space of time possible. The author points out the common error of limiting our anatomical examination to such parts as, from clinical observations, we suspect to be affected, instead of submitting every organ of the body to the minutest scrutiny. In order, however, to do so, it is necessary to adopt a definite method, from which we should deviate only under peculiar circumstances. The plan which the author has found to answer this purpose best is described in detail, and four cases are given as examples. Then follow regulations (as adopted in Germany) for the guidance of medical jurists in conducting post-mortem examinations for legal purposes.

The translator has performed his task admirably well, and the book, which contains four excellent illustrations, has been gotten up in the usual elegant style of the publishers.

THE

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D. G. BRINTON, M.D., EDITOR.

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QUACKS AND THE MEDICAL LAW.

Not long ago the REPORTER pointed out to the profession the diploma selling concerns in blast in this city. As may be guessed, one of the results of these shops here is that scarcely a city in the Union is infested with a more numerous or more undesirable set of medical sharps and charlatans.

After hearing the infliction long, the public are beginning to grow restless of this nuisance. Much credit is due to the *Daily Times*, *Daily Record* and *Press*, for their persistent efforts to enlighten their readers on these quacks; and recently there has been some talk of a concerted movement among representatives of the respectable medical schools to secure legislation on this subject. This is not a new idea, as is pointed out by a writer in the *Daily Times*. The matter was very elaborately discussed five years ago, and the act of Assembly of 1875 embodied all the legislation that was then believed to be practicable. Whether this act could be made really efficacious for the suppression of medical quacks it is difficult to say, but there has never been any serious or systematic effort to enforce its provisions, and it is a question whether it is worth while to try any fresh legislation until such an effort shall have been made. One difficulty, of course, in all such laws is, that it is nobody's business in particular to enforce them; but it is possible that the County Medical Societies, the representatives of the medical schools, or perhaps the Board of Health, might find a way, under the act of 1875, to accomplish something for the better protection of society.

Although this act does prescribe the "standard qualifications" for a practitioner of medicine, it was found impossible to devise any satisfactory means of ascertaining whether or not he possessed these qualifications, and the Legislature was compelled to fall back upon "the possession of a diploma, regularly issued by a medical school acting under a charter from this or other State or country," declaring that this "shall constitute the sufficient license for the person to whom such diploma is granted." Provision is made for the case of old practitioners, or of those who, not having a diploma, may be licensed by a board of examiners appointed by the Prothonotary of the judicial district; but these details are designed for the country, and have little application here. The point of the act, as regards diplomas, lies in this proviso: "That a diploma that has been or that may hereafter be granted for a money consideration, or other article of value alone, or that has been or may hereafter be granted to any one who has not pursued the usual course of studies required by a legally chartered medical school, shall not be considered as a sufficient qualification under this act."

It will be seen that the numerous pretenders who are practicing under diplomas purchased from quack colleges are living in violation of the law of the Commonwealth, and they are liable to prosecution for misdemeanor and to a fine not exceeding five hundred dollars or imprisonment not exceeding one year, or both; and "any person so convicted shall not be entitled to any fee for services rendered, and if a fee shall have been paid, the patient or his or her heirs may recover the same, as debts of like amount are now recoverable by law." This is really the only provision

that the act of 1875 contains for its own enforcement, and it simply amounts to this, that an unlicensed practitioner cannot recover his fees. Unfortunately, these men usually exact their fees in advance, and when the patient finds that he has been swindled he either says nothing about it or declines to throw good money after bad in a doubtful prosecution, and so the quack goes on his way rejoicing.

There are two or three obvious deficiencies in the act of 1875 that might, perhaps, be remedied by supplementary legislation. Not only is it nobody's business to prosecute the bogus diplomatists, but if any one did undertake a prosecution the burden of proof would rest upon him to show that the diploma had not been legally obtained. The only way to meet this trouble is to require the registration of all practitioners of medicine, the county authorities or the Health Office having power to exact satisfactory evidence of the lawfulness and sufficiency of each diploma or license. This would not go very far, but it would exclude the most ignorant, and therefore most dangerous, class of quacks, and would be a step in the right direction.

The Registrar of the Board of Health has adopted a very good rule, in refusing to issue a permit for burial unless the physician who signs the certificate of death is known to be a regular graduate of a recognized medical school, or, if not so known, can exhibit a lawful diploma, qualifying him for the practice of medicine. This is probably as much as the Registrar can do to discourage the employment of quacks, but unfortunately it does not go very far. After the quack has done his work and killed his patient, the Registrar may keep the unfortunate victim out of the ground for awhile, but he cannot undo the mischief and bring him back to life, and the quack continues his operations as before, taking the chances of getting his victims buried. It is evident that some more stringent measures than this are required to protect the community from the scoundrels who prey upon the weakness of the ignorant and credulous.

There is urgent need of such measures, and we trust they will not be long delayed.

Notes and Comments.

Therapeutical Notes.

CHLORIDE OF SODIUM IN DIPHTHERIA.

G. F. Stewart, M.D., of White Depot, West Tennessee, writes to the Louisville *Medical News* that he has employed common salt in three well-marked cases, with the happiest result; perfect recovery, without any of the ordinary consequences occurring in any case. One of the patients had an axillary temperature of 107°, and recovered rapidly under the treatment.

Symptoms and Treatment of Renal Inadequacy.

Dr. Andrew Clark, in a paper read before the Medical Society of London, an abstract of which appeared in the *Lancet*, Nov. 29th, 1879, enumerated what he considered the special characters and appearance of patients who had been the subject of renal inadequacy for over four or five years: "They have at least a marked and striking physiognomy; they increase in flesh; they become puffy without being distinctly œdematous; the skin becomes drier, more shiny, and yellower; the features swollen almost to distention; the pupils are dilated; the lips and cheeks of a bluish red; the articulation deliberate and somewhat difficult, and the whole intellectual tone and manner subdued and slow." From one side the physiognomy was like that of pernicious anæmia, from another like that of chronic Bright's disease, and yet it seemed distinct from both. As to treatment, much might be done by good management, by which he meant the adjusting of the quantity and quality of the food to the diminished excrementitious activity, the withholding of such agents as directly lessen the secretory power of the kidney, aiding the kidney in its work by making the supplementary excretory organs fulfill that part of the work which the kidney was unable to do, and generally, by placing the patient in those conditions which would give the organism the greatest power for resisting the inroads of disorder, and for making sufficient compensation when complete repair was unattainable. The tepid bath, followed by vigorous friction, the use of warm clothing, and the avoidance of passing exposure to cold and damp, with gentle exercise daily in the open air, were indicated. The diet should be light; stimulants should be avoided, except to the extent of one glass of claret or other light wine, twice a day. The medicines he had found most useful were small doses of arsenic with reduced iron, at meals, and an

occasional mercurial alterative. If digestion was disturbed, he discontinued the iron and arsenic, giving the patient bitters with alkalies between meals, and a mercurial alterative every third night for two or three times. He concluded by narrating a case which he first saw some years ago. By a strict adherence to a limited dietary, and by the use of purgatives and diaphoretics, this patient improved so much as to consider himself quite well; whereas, when he was taking food and wine every two hours, it seemed that the more he took the worse he became. A very remarkable fact about this case was, that as his supplies of food and wine were reduced the patient's urine steadily rose in density from 1.003 up to a very fair standard; and in three weeks he left town declaring himself quite well. When seen six months ago this patient seemed and declared himself to be quite well, his only complaint being that he could not relax his dietary without being ill.

Treatment of Itch.

In a clinical lecture which appeared in *Gaz. des Hôp.*, February 10, 1880, Prof. Hardy states that he has since 1852 employed in the treatment of the itch the ointment composed of one part of lard, a sixth part of flowers of sulphur, and a twelfth part of subcarbonate of soda. So efficacious have proved thorough and almost violent frictions with this, continued for twenty or thirty minutes, especially at the natural bends and folds of the skin, that the cure is absolutely certain. Among from 4000 to 5000 adults so treated at the St. Louis, in only one instance was a repetition of the frictions needed. The ointment, after the rubbing, should be left on for several hours, or all night, without washing. Next day an emollient bath may be taken, which may be repeated every twenty-four or forty-eight hours, for a week.

Medicated Sponge Tents in the Treatment of Ulcerated Os and Cervical Endometritis.

Dr. E. W. Rush, of Paris, Texas, in a recent communication on the above subject, says—

I generally use the tent medicated with nitrate of silver. I find it more trustworthy than to attempt to introduce the stick of silver into the cervix, or, as recommended by some, to break a piece off and let it remain. I select a proper size tent, and further prepare it by heating a piece of white wax over a lighted candle and rub over the sponge tent until a firm coating is obtained; afterward smooth with a piece of glass, then roll in finely powdered nitrate of silver; by this means the silver is imbedded in the wax, and its action is more gradual, as it takes some hours for the secretions to permeate it and reach the sponge tent; therefore we have in this process all the benefit of a mechanical pressure combined with a caustic to kill out the granulations of the cervix. I would here suggest that care be taken not to heat the tent in the process of the coating, as it would certainly destroy its powers of dilation. I prefer to introduce the tent in the afternoon and remove it on the following morning, keeping my patient in a recumbent position. On the removal of the tent I apply carbolized glycerine pledgets to the cervix, and again alternate with saline douches.

Persistent Vitality.

Mr. Sidney Henson, of Manchester, writes to the *British Medical Journal*, April 10, 1880—

I have a case under my care at the present time, a few particulars respecting which I think may be of interest. It is that of a female (married), in her seventy-first year, who was seized with paralysis on the 20th of January last, since which date she has taken no nourishment whatever, and yet, at the time of my writing this, is still alive and conscious. She was of spare habit of body before the attack, but is now positively nothing but skin and bone. Occasionally she swallows a teaspoonful of cold water; but this is attended with great difficulty. I did not think it possible that a person at her time of life could survive so long without taking nourishment.

Congenital Diverticulum of the Œsophagus.

Dr. E. Kurz relates, in the *Deutsche Medicinische Wochenschrift*, the case of a child three years old, which had since birth been subject to vomiting of food, both solid and fluid, soon after taking it. The solid matter, which was usually about a handfull, was mixed with mucus and had an acid reaction. The sound, when introduced, sometimes reached the stomach, but was more frequently arrested at a depth of nearly four inches by an obstruction which could not be overcome. The attacks became more intense; scarcely any food reached the stomach; and the child fell off very much. Dr. Kurz concluded, from the symptoms, that there was a congenital diverticulum of the œsophagus, which, when filled, compressed the tube. The child came several times under treatment, the last time in a very miserable condition. An œsophageal sound was passed into the diverticulum, and

through it water was poured in by means of a funnel; this escaped by the side of the sound, bringing with it a large quantity of mucus, coagulated milk and bread crumbs. After this had been entirely removed, the child was again able to swallow. From this time fluid food was used, and as soon as an attack of vomiting appeared, the washing out was repeated, and always removed the obstruction for a considerable time. In the course of the following summer there were only two attacks; the child was well nourished, and had much increased in size.

Loss of Weight in Epileptics.

Dr. Kowalewski states, in *Petersburg Med. Wochenschrift*, that from numerous observations which he has made on the conditions of the body weight in epileptic patients, both during the attacks and in the intervals, he has arrived at the following conclusions: 1. In all cases of epilepsy and in all forms of the disease, the weight of the body decreases after each attack, in proportion to the duration of the illness and the severity of the paroxysms. 2. In inveterate cases, where the paroxysms occur very frequently, and the organism has become accustomed to the attacks, the loss of body weight after a paroxysm amounts to only one or two pounds; while in recent cases, in which the paroxysms are rather unfrequent, it is considerable, amounting to as much as from three to twelve pounds. 3. When several attacks occur in succession, the greatest loss of weight follows the first attack, and after the others the loss is very small. 4. In all forms of motor or somatic epilepsy, the great loss of weight occurs during epileptic convulsions, amounting sometimes to as much as twelve pounds at a time; in epileptic syncope the loss of weight is much less. The greatest loss of weight—amounting sometimes to one-fourth of the whole body weight—takes place when there is insanity combined with epilepsy. The weight again increases a few days after the attacks.

The Eucalyptus Globulus as a Remedy in Catarrh.

J. Higham Hill, M.D., writes to the *British Medical Journal*, from San Francisco, as follows:—

I notice, in a recent number of the *Journal* (January 24th), under the title, of "A Rapid Cure for Cold," that Dr. Rudolf reports, in the *Gazzetta Medica Italiana*, some observations he has made on the remedial action of the eucalyptus in cases of catarrh. I presume he alludes to the eucalyptus globulus, or Australian blue-gum tree, which flourishes in and around this city and throughout Southern California, where I have been traveling, and has quite a reputation as a medicinal tree. An infusion made from the green leaves and young twigs is, I am informed, on good authority, a well tried and very efficacious remedy in attacks of catarrh, which are of frequent occurrence here, and which, under its use, as a rule, quickly disappear. The leaves apparently contain a great deal of volatile aromatic matter, and, on fracture, give off a strongly camphoric odor. The trees are said to have a very salutary effect in counteracting any malaria which may exist in districts where they grow; they are also very handsome in appearance, and of rapid growth.

The Treatment of Exophthalmic Goitre by Hypodermic Injections of Morphia.

Mr. R. Park, in the *Practitioner*, for March, 1880, gives an account of an extreme case of exophthalmic goitre, in which morphia injected hypodermically for some weeks had a marked beneficial effect, so that the report concerning the patient after twelve months was "quite well and going about." He considers its *modus operandi* to be chiefly by increasing the inhibitory function of the pneumogastric nerve. Its action may have various explanations, viz.: 1. Induction of congestion in the supreme centres, intensifying their inhibitory function in all the lower; 2. Induction of anæmia of the congested sympathetic ganglia directly, thereby allowing the normal action of the pneumogastric to have full sway; 3. Or, it might be supposed to indicate congestion of the pneumogastric nucleus, thereby stimulating it and raising its inhibitory powers above their normal. Whatever may be the physiological explanation, the effects of morphia on excited cardiac action, either of reflex or of central origin, are very marked. These effects require often large doses to produce, and they cannot be maintained by administering the drug by the mouth.

Subcutaneous Injection of Ergotine in the Treatment of Prolapsus Recti.

We learn from the *British Medical Journal*, April 10th, 1880, that M. Émile Vidal has lately read before the French Academy of Medicine an account of three cases of prolapsus recti, which he had successfully treated by the subcutaneous injection of ergotine. The first case was that of a man aged 39, who had suffered from prolapsus for eight years. After five injections of fifteen

drops of solution of ergotine, a period of about two days intervening between the injections, the mucous membrane scarcely protruded at all. After the eleventh injection, it only came down during defecation, and returned spontaneously. The total number of injections made was twenty-two. Four years had elapsed, and the man remained perfectly well. The second patient, a female, aged 64, was cured after twenty-four days' treatment, and during the two-and-a-half years since the operations there had been no return. In the third case, a female, aged 45, who had suffered for two years, was cured in fifteen days, by six injections of twenty to twenty-five drops each. The solution used consisted of fifteen grains of Bonjean's ergotine to seventy-five minims of cherry laurel-water. The injections were made at the distance of one-fifth of an inch from the anal orifice. Acute pain always followed, accompanied by contraction of the sphincter, which lasted several hours. Several times, an injection of twenty-five drops of the solution produced spasm of the neck of the bladder and retention of urine for eight to ten hours. In no case was local inflammation or abscess caused by the ergotine.

Simple Polyuria Depending on a Cerebral Tumor.

Dr. F. Fazio relates, in *Il Morgagni*, the case of a female, aged twenty-one, who, previously to coming under the author's notice, had suffered for a period of three years from excessive thirst and polyuria, with occasionally vague pains in the head. There was present a constant relation between the amount of fluid imbibed and of urine passed, the specific gravity of which was 1.002, both albumen and sugar being absent. The quantity averaged eight litres in the twenty-four hours. The only nervous symptoms noticed during life—and they occurred very shortly before death—consisted in slight headache with dimness of vision. No ophthalmoscopic examination was made. The necropsy showed that a tumor of a sarcomatous nature, and about the size of a chestnut, occupied the base of the brain, at a spot corresponding to the *sella turcica*. It had caused complete degeneration of the optic chiasma, and had encroached considerably on the circle of Willis. The cerebral substance generally was anæmic, but the condition of the ventricles was, to all appearance, normal. The author considers the case as important, inasmuch as it sheds a considerable light on the purely nervous origin of simple polyuria. He reviews the literature of the subject fully, and concludes that, in the present state of knowledge, the view that diabetes insipidus is essentially a disease of nervous origin is, on the whole, preferable to any other.

The Removal of the Pharynx and Larynx.

We learn from the London *Medical Record*, April 15th, 1880, that this operation has lately been performed successfully by Professor Caselli, of Bologna. The case was one of epithelioma with stricture of the glottis. The first step in the operation was to perform tracheotomy, and then insert Trendelenburg's cannula; the next to lay bare the larynx and isolate it. This was then removed by means of the galvano-cautery, as were also the cricoid cartilage, and the pharynx as high up as the tonsils. The hyoid bone was next divided at its middle, and the base of the tongue amputated, together with the soft palate, the remaining portion of pharynx up to the level of the posterior nares, and both tonsils. The operation lasted three hours, and but little blood was lost, owing to the constant use of the galvano-cautery. The dressing was antiseptic, and the upper two-thirds only of the wound were brought together. An œsophageal sound and the cannula were both maintained in position. At the time of writing, *i.e.*, fifty-three hours after the operation, the patient had completely recovered from the shock, and promised well. The operation proved eventually successful, and Professor Caselli has been able to adapt an artificial œsophagus and larynx.

The Transmission of Tuberculosis.

The *British Medical Journal*, April 17th, 1880, informs us that a contribution to the study of the transmission of tuberculosis was read at the meeting of the Paris Academy of Sciences on March 29th, by M. Toussaint. From experiments on pigs, he infers that where tuberculosis occurs in those animals it is analogous to galloping consumption in man. The bovine species, on the other hand, which have tuberculosis much more often, have most often the chronic variety. Hence, young pigs from tubercular parents soon die, and in adults which become tubercular the quick progress of the affection prevents reproduction. The facts also prove that tuberculosis is transmitted with the greatest facility (1) by ingestion of tubercular matters, (2) by heredity or lactation, (3) by inoculation with tubercular matter or blood, (4) by simple cohabitation.

—In our issue for April 24th a typographical error has crept in, Dr. Boenning's name having, by mistake, been spelled Boerming.

Correspondence.

Iodoform in Otorrhœa.

Ed. Med. and Surg. Reporter:—

Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of the specialists—such as the judicious use of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprised with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:—

With a cotton carrier or any convenient instrument, and fine, clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using, of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of offensive pus—

R.	Iodoform,	ʒij
	Tannic acid,	ʒj.

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end of an annealed glass tube about six inches long and ¼ of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth to the other end of the tube, and give a gentle puff, throwing a whirlwind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.

If there is no perforation in the drumhead—which can be easily determined by causing the patient to forcibly try to expire with the mouth and nostrils firmly closed, when ordinarily the air will rush through the Eustachian tube and out through the perforated drum with much force, and accompanied by a sound audible at a distance of several feet, hissing or bubbling in character, whereby the condition of the parts can accurately be determined by an experienced ear, and will not be forgotten when once heard and recognized—then I introduce the loaded end of a glass tube into one of the nostrils, compress the wings of the nose closely around the tube, so as to completely prevent the exit of air, then ask the patient to swallow, closing the mouth, at the same time giving a puff at the other end of the tube as before, and there is no escape for medicated air, which, of necessity, is driven up the Eustachian tubes and thoroughly medicates the entire diseased surface. It may be better in some cases, if there is much irritation following this treatment, to substitute pure gum arabic for the tannic acid, thereby giving it a mucilaginous quality, and causing its adhesion and longer contact with the parts affected.

There is usually no unpleasant after effects, except the persistent offensive odor of the iodoform, which is greatly masked by the tannic acid. The iodoform is an anæsthetic and alterant, and promises to do more for this obstinate and important disease than anything yet devised, and is perfectly harmless. As to the danger of at once putting a stop to these long continued discharges, let me assure you that the danger lies in the opposite direction, viz., of letting the malady progress until the bone becomes necrosed and the membranes of the brain become involved in the inflammatory process; then death is the usual result.

I hope you will not think me tedious in this article, and my only excuse for saying so much is the extreme frequency of the disease and the utter indifference with which very many of the practitioners of medicine treat it.

The reason the laity neglect these cases is, that the profession give so little attention to it, usually ignoring treatment entirely. If they do not know how to treat it successfully, they should at least know the importance of advising treatment by one who does, as the affection is certainly worthy of the serious attention of all lovers of the healing art.

In conclusion, let me urge upon the profession the importance of following up this simple plan of treatment, and you will be amply rewarded for your labors, relieving the pharyngeal catarrh which often exists in these cases, arresting the inflammation and suppuration of the middle ear, healing the perforated drum, and save to usefulness many a youth otherwise doomed to a sad life of deafness and isolation from society, shut out from the sweet song of the birds, the world of harmony, and the grand concert of the spheres.

S. D. Pollock, M.D.

Abingdon, Ill., April 20th, 1880.

Puerperal Convulsions (Fatal).

Ed. Med. and Surg. Reporter:—

It was my intention to report with some minuteness a case of the kind which heads this communication; your space being valuable I will be brief as possible. The patient, a young married woman, primipara, expecting to be confined soon, was attacked at 11 o'clock at night, on the 28th inst., with a severe headache and vomiting. Not being called until about 8 o'clock next morning, after she had the first convulsion, finding her unconscious, talking incoherently when aroused, I attempted to administer a large dose of calomel and jalap, which she could not be prevailed upon to swallow. Returned to my office for croton oil and chloroform. The croton oil, with an equal quantity of olive oil, I placed upon her tongue, as I have done before with good effect, and commenced the administration of chloroform by inhalation, hypodermic injections of morphia and atropia, to be repeated hourly, sinapisms to ex-

tremities and blisters to nape of neck and occiput. Notwithstanding, convulsions continued, at intervals of half an hour, with increasing severity. Extracting about 15 ounces of black blood from the median basilic, after overcoming the prejudices of the husband, ordered enemas of turpentine and castor oil, in soap suds, the croton oil not taking effect. Suffice it, that after following the above treatment, with the exception of the croton oil, and twice repeated depletions and enemas, the latter remaining in the bowels, and distending the abdomen, no benefit ensued. Deeming the case hopeless, I so informed the husband.

On examination of the uterus, found the os soft and dilatable; as a last resort I ruptured the membranes and in four hours I delivered her of a dead fœtus, with the aid of forceps. The convulsions ceased after labor pains came on, leaving her in a state of profound stupor, breathing stertorously, in which condition she remained until death, at 10 o'clock next morning. She had twenty-two convulsions. In the third month of pregnancy she had been frightened by an Indian with a scar upon his left temple and forehead, which impression was found upon the fœtus. Having attended a dance last Christmas, from excitement and over exertion she was threatened with a miscarriage, prevented only by the free use of opium and rest. Again, a week before death, she became frightened at seeing an Indian have an epileptic fit. The patient, a most estimable young woman, looked forward to the time of her confinement with joyful anticipation, evincing no fear for the ordeal she would have to pass through. I respectfully ask the criticisms of your experienced readers.

J. F. Thorwarth, M.D.

Smith River, Cal., March 31st, 1880.

Membranous Enteritis.

Ed. Med. and Surg. Reporter:—

After reading in the Reporter, April 24th, the article on "Membranous Enteritis," by Dr. Hess, it occurred to me that a brief sketch of a similar case which is at present under my care might be of some interest to your readers.

Mrs. L., about forty years of age, has been suffering for nearly seven years from subinvolution of the uterus, with great irritability of the stomach, for which she has been under nearly all kinds of treatment. About the first of March she complained of severe pain in the hypogastric and right iliac region, with tenderness on pressure and some tympanites. Her bowels had for some time past been constipated, and there was considerable fever while the pain lasted. After having subdued the inflammation somewhat, and as soon as I deemed it prudent, I ordered a laxative, which brought away a large quantity of membranous flakes resembling tripe, though not quite so thick. This was accompanied by some pain, which almost ceased as soon as the bowels became quiet, but returned with the next passage, the membranes coming away each time for more than two weeks. No blood was noticed at any time. Since then membranes continue to pass about twice a week, although in less quantity, but always accompanied with severe pain. The treatment consisted of anodynes and bismuthi subnitratis, administered internally, with poultices and blisters externally, also turpentine stupes. After the flakes began to come away the fever diminished, and has now entirely subsided, and under local treatment the uterine trouble as well as the gastric irritability are improving.

William H. Fish, M.D.

Baylis, Pike Co., Ill. April 29th, 1880.

News and Miscellany.

Proposed Compulsory Vaccination and Revaccination in France.

In France, so the *Medical Times and Gazette* informs us, they propose to lead Europe in the right way as regards making revaccination as well as vaccination compulsory. The following are the provisions of a Bill brought into the Chamber of Deputies by Dr. Liouville: 1. Vaccination is obligatory, and must be practiced within the first six months of existence. 2. Revaccination is obligatory every ten years, viz., in the course of the tenth, twentieth, thirtieth, fortieth, and fiftieth years. 3. At the time of the registration of the birth of an infant, a certificate for vaccination is to be delivered to the person who declares the birth. This must be returned within six months, specifying the number of vaccine pustules, and signed by a doctor of medicine practicing in the commune. 4. The certificate must be presented to the civil authorities every tenth year, stating that revaccination has been performed at each successive period, and specifying the results. 5. Parents and guardians and other persons convicted of an infraction of the above clauses will be liable to a fine of from 1 fr. to 25 fr., and in case of repetition of the offence, to a fine of from 25 fr. to 100 fr. 6. The presentation of this certificate of vaccination shall be obligatory on entering any school, whether for primary, secondary, or superior instruction; on joining the army, and on admission into any of the establishments of the State. 7. Contraventions of this clause are punishable in the manner already recited. 8. Civil officers of State will cause to be annually compiled a list of those in their service who have not produced the certificates required during the past year. This will be forwarded to the *juges de-paix* in order that those who have contravened the law may be officially prosecuted. 9. This law will come into force within the year after its promulgation.

Cæsarean Section Extraordinary.

The *Wiener Med. Wochenschrift*, No. 13, 1880, gives the following anecdote, on what appears to be unquestionable authority:—A poor woman at Pirschtina, not far from the Servian frontier, was in the pains of labor for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbor to sew her up again, after the removal of the child! And now, after several months, mother and child are doing perfectly well.

Maltine Preparations.

The "Maltine" which is prepared by Messrs. Reed & Carnriek, of New York City, and whieh our readers will have notieed mentioned in our advertising columns, is a concentration of the nutritious ingredients of the several cereals, by the aid of some of the most refined processes of praetieal ehemistry. We have had it in use for about a year past, and are not hasty, therefore, in expressing an opinion as to its value. We do so now, however, and one very deeidedly in its favor. It has given very exeellent results in wasting diseases of ehildren, in exhaustion from chronie complaints, in the debility of eonvalescenee, ete. It is supplied in the simple form of a nutritious extract, and also eombined with various medieinal agents. In point of flavor, of keeping properties, and of positive results, we believe it will not disappoint those who will try it.

Medical Society of New Jersey.

The one hundred and fourteenth annual meeting of the Medical Society of New Jersey will be held in the lecture room of Physies, in the Sehool of Science Building, at Prineeton, on Tuesday and Wednesday, May 25th and 26th, 1880, commeneing at 7.30 P.M., on Tuesday.

WM. PIERSON, JR., *Secretary.*

Orange, May 1, 1880.

Deaths from Snake Bites in India.

We learn, from the *British Medical Journal*, that during the past year 3168 persons died from snake bites in the Northwest Provinees and Oudh alone. This we believe to be a larger number than has been recorded any year previous, about 2000 being the average. As only 1697 snakes were returned as destroyed, we see that they had the best of it.

Personal.

—We learn that Dr. H. Gradle has reeently been eleeted Professor of Physiology in the Chicago Medieal College, viee Dr. D. T. Nelson, resigned, and we take this opportunity of eongratulating the College upon this new addition to the list of able and distinguished professors taken from among its own graduates.

Items.

—We eall the attention of our readers to the advertisement of the St. Nicholas Hotel, which offers them special inducements; the St. Nicholas is second to no other in New York in any particular, and its popularity is fully established by the high character of its regular patrons.

QUERIES AND REPLIES.

R. F. C., of Texas, writes—Will some reader of the REPORTER give me an antidote to opium taken habitually?

P. M., of Pa., writes—For some weeks our local papers have been full of notices such as enclosed. Is such advertising consistent with the "Code of Ethics," and do not those assisting in the operations place themselves outside the regular profession?

Ans.—The notices you send us are certainly very objectionable, if inserted with the knowledge or consent of the "specialist" whose skill they extol, and all regular physicians would do well not to assist in these operations.

Pseudo-Ignoramus wishes to know how (*a*) parts of a fluid and (*b*) parts of a solid are to be dispensed? 2. Why, in the Metric System, the quantity of fluids and solids are alike indicated by grams (weight)? I don't see, says he, how we are to get at the *c.c.* measure from the *gram*, unless we always know the *sp. gr.*

Ans.—On the continent of Europe fluids are always weighed, but in this country and in England, when quantities of fluids are expressed in grams, we must understand 4 grams as being equal to f.3j, or, in other words, regard the fluid as having the specific gravity of water.

L. G. A., of Ky., writes—I have a case of venereal warts on glans penis, that has given me great trouble; one that I am very anxious to relieve. Will some medical brother please suggest something for the case? Patient, male, aged 25, had syphilis four years since; came to me four months ago. I removed them with knife, cauterized them with nitric acid. Treatment—Iodide potass. and bichloride mercury, powder of subacetate of copper, tannin and savine, as recommended by Dr. Gross; speedy return. I then, with scissors, pared the membranes freely, applied lunar caustic; result, return as before; also the third time with like result. Patient is in excellent health, and very anxious to get rid of this. What will some friend suggest? I have used calomel, and everything suggested by Gross and Ashhurst, in the best of works on the subject.

MARRIAGES.

ASHBRIDGE—BENNERS.—On April 15th, 1880, by the Rev. G. Woolsey Hodge, Dr. Richard Ashbridge, U.S.N., and Emily Baker, daughter of the late George W. Benners.

FEWSMITH—HENDRY.—At Newark, N.J., on the 21st ult., by the Rev. J. Fewsmith, D.D., assisted by the Rev. Peter Galbraith, of London, Canada, Joseph Fewsmith, Jr., M.D., and Jean Allan Hendry, daughter of Hugh Hendry, of Newark.

LA GRANGE—PECK.—April 15th, 1880, by Rev. N. G. Spalding, of Shodack Landing, N. Y., at the residence of the bride's father, John Harmen La Grange, M.D., of Glenham, N. Y., and Miss Mary C. Peck, of Stuyvesant Falls, N. Y.

SATER—SNOWDEN.—At Elizabethtown, Ind., April 20th, 1880, Dr. J. N. Sater, of Azalia, Ind., and Miss Jennettie E. Snowden, of Elizabethtown, Ind.

SHERBURNE—HASKELL.—The 29th ult., by the Rev. Dr. Rumey, of St. Peter's Episcopal Church, Samuel Sherburne, M.D., of this city, and Miss Ida L. Haskell, of Blandford, Mass.

WHEATON—LANCASTER.—On the 20th ult., by Rev. George Cooper, pastor of the First Baptist Church, West Philadelphia, Theodore C. Wheaton, M.D. of Seaville, N. J., and Barsheba B. Lancaster, of this city.

DEATHS.

JONES.—On the 21st ult., Mrs. Lydia Leidy, wife of Dr. W. H. Jones, U.S.N.

RUNKEL.—On April 19th, 1880, at his residence, in Gettysburg, Pa., Dr. John Runkel, in the 95th year of his age.

THE

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Communications.

HEPATICO-CARDIAC SEDATION.

BY J. R. BLACK, M.D.,
Of Newark, O.

The daily, nay, almost hourly complaint by persons, of biliousness, and the frequency with which the physician announces to patients that the liver is out of order, seems in large part justified by the multifarious and most important functions that have recently been assigned to this huge or largest gland of the body. In other words, physiological science has confirmed empirical observation in a very unexpected manner, taking us back and conforming, in large part, to the opinions of Galen. If the function of the liver is simply, as has for a considerable time been supposed, to secrete bile, a mystery of mysteries lies in the fact that it is so frequently deranged, and that the symptoms should be so multifarious, nay, often conflicting, yet, by the logical process of exclusion, incapable of being referred to a fault of any other organ of the body.

The obsolete conception that the liver is only a bile-making structure, is now supplanted by far more important functions; sanguification, or the completion of certain phases of blood integration; and the beginning of a certain line of blood disintegration; the whole being attended by the evolution of much heat. The glucose and lævulose of digested aliments are there converted into fat, but more largely into glycogen; and this saccharine condition is at least favorable, if not essential, to a rapid cell growth of the blood, precisely as it is known to be for the rapid cell growth of plants, as well as to the motions of the colorless blood corpuscles. In confirmation of these doctrines is another fact—the blood, on emerging from the liver, is denser, and richer in white corpuscles than on entering; it also, in passing through this organ, becomes partially disintegrated; the proportion of red corpuscles decrease, but especially does a large proportion of the blood fibrine disappear; Brown-Sequard calculates the amount to be no less than about 86½ ounces per day.

It is apparently fully determined by experimental evidence that this breaking up of the albuminoids largely results in the formation of urea; and therefore, it is concluded that the function of the kidneys, so far at least as this product is concerned, is not secretive, but eliminative merely, precisely as in the pathological condition of diabetes mellitus, when the glycogenetic function of the liver is enormously enhanced. The kidneys are not the sugar-forming, but only the sugar-eliminating, organs. Of course, if the liver is the arena of such active blood transformations it is consonant with existing knowledge to suppose that a large amount of heat would be disengaged, a conjecture fully verified by Bernard, who found the temperature of the hepatic vein uniformly higher than that of the portal, and that of the vena cava higher than any other region of the body.

It is obvious that such an enlarged view of the hepatic functions renders, as Murchison well remarks, the old arrangement of its functional derangements into increased secretion, decreased secretion and altered secretion, no longer tenable. An arrangement based upon the supposed pathological changes of its leading products is also

open to insurmountable objections. In the first place, even if all the functions ascribed to the liver were settled beyond dispute, it is not practicable to arrange its processes in any sequential order, as none of them are clearly defined dependents one upon the other. It is not known, and probably never will be, what relation the liquid transformations of the liver hold to each other. It is quite impossible for any one to say whether glycogenesis precedes, attends or follows defibrination and bile secretion; and, granting that deranged biliary secretion be ascertained in any given case, whether it preceded, followed, or what effect it has, and what relation it bears to the other hepatic functions. It doubtless would appear more profoundly learned to arrange the functional derangements of the liver into deranged glycogenesis, deranged sanguification, deranged defibrination, and deranged biliary secretion; but until we can determine where the initial fault begins in any of these disorders, what effects one form of derangement has upon the others; whether, in fact, these functions, and hence their derangements, are causal, successive or simultaneous, it would be the merest pretence of an assumed wisdom to base a classification of morbid derangements upon such speculative physiological intricacies.

No practical advantage, but rather the contrary, can accrue from such purely speculative assumptions as a basis for the indications of therapeutical action. Upon what, for example, depends imperfect and excessive glycogenesis, and what relation do these derangements hold to blood defibrination, to sanguification and the secretion of bile? So complex, so multifarious a function cannot be segregated into interacting and non-interacting processes, at least, in the present state of knowledge.

A classification of diseases based upon structural changes is, of course, precluded in the functional variety, and when it cannot be thus made, or upon manifest changes of liquid products, in other words upon definite and uniform changes of material forms, the only remaining resource lies in changes of the manifestations of the physiological action, or, in other words, on symptoms. Such we think, in the present state of knowledge, is the only tenable standing ground for a classification of the functional derangements of the liver. It has the very great advantage of not being founded upon doubtful or recondite processes, or upon views of them which the next ten years may show to be fallacious, but upon real, unmistakable manifestations which every ordinary observer can verify for himself. And, after all, what are symptoms but the first, the ever varying, manifestations of material organic changes which in their beginnings are far two subtile for our gross sensual apprehension. A skillful interpreter of symptoms must therefore always take therapeutical precedence of the pathological expert. The former is able to detect, from modifications of the vital force, the initial departure from the healthy state, far in advance of the ability of the pathologist to detect changes of form; and is thus enabled to take timely and successful interference by the foretop. The one is like the acute observer who is able to discern from certain signs that alcohol is present in the cerebrum, but the other says wait until I analyze the urine, or the breath, and examine the cells of the brain under the microscope. The wisdom of one is at least ante-mortem, and abreast of the abnormal process; that of the other is post-mortem, or follows after, and records the processes of destruction. Gross as this illustration may be considered, it is that practically taken today by the great school of pathologists in regard to the therapeutics of tuberculosis. Of what avail are or can all their pathological researches be as to tubercle, in reference to the symptoms or management of the pre-tubercular stage—the time, all must admit, during which therapeutical measures are by far the most likely to prove successful?

For the purposes of description and the systematic outlining of knowledge, names for groups of symptoms are indispensable; but if it be desirable, and who will say nay, to make the practice of medicine an almost exact science, I may be allowed to avow an ever strengthening belief, the outcome of long and assiduous clinical study, that it will be rendered so, or make its nearest approaches thereunto, through the nice adaptation of medical potencies to kinds and groups of symptoms. In truth, the principle should be paramount in the treatment of all disorders; the name of a disease ought to be regarded as nothing more than a general term, embodying some special characteristics which no more define individualism in disease than the term Caucasian defines the personality of members of the race. To treat diseases according to such general names or terms is very much like the barbarian method of looking for a criminal under the general idea of Anglo-Saxon, and then seeking to inflict vengeance upon any or all conforming to the standard.

The symptoms of a disease are of almost infinite variability, never exactly alike in any one disease nor in the same person from day to day,

but so also are the effects of the medical potencies and their combinations at our command.

By symptoms and indications are not meant appearances in a narrow sense, but in the broadest one, including heredity, temperament, diathesis, habits, occupation, age, sex, morbid history, etiological influences, general appearance, and the existing state of all the organs of the body objectively and subjectively considered. From them may be gathered the clue to the keynote of a morbid process which only needs to be touched by the appropriate medical potency to respond in a most satisfactory manner. All this, it must be confessed, in its clinical application, is not knowledge transferable to the pages of a book, it is not a series of scientific details that can be laid down concisely in words, but it is *a skilled art* based on the largest knowledge of man physically and psychically, with an accurate knowledge of the numerous instrumentalities by which the vital processes are modifiable.

In naming a disease from its symptoms, it is not practicable to condense them into a single expressive word; the only available method is to take advantage of two or three characteristic and invariable symptoms. This I have done in the present instance, in order to describe *one of the several functional derangements of the liver*, and a form of functional derangement, by the way, that I have derived from no writer, but have drawn the features of it wholly from nature. Beginning long ago a careful study of the subject, incited thereto by a humiliating consciousness of the large number of cognate derangements carelessly classed under the term bilious, in the hope that I, at least, might be able to prescribe with less vagueness, more discrimination and increased success. One of the outcomes of this line of study is that to which the reader's attention is now invited.

By hepatico-cardiac sedation is meant a remarkably slow acting heart, the result apparently of some morbid material in the blood, in some respects like, in others very unlike, the presence of veratria in the blood, and which, reasoning by the method of exclusion, can only be referred to faulty hepatic action. The accuracy of this reference has been fully verified by the results of therapeutical measures. It is far from an uncommon, and is, by the way, a very interesting, phase of disease. In this latitude I meet with at least a score of well defined cases annually. In its milder aspects it may and usually does escape a clear and distinctive apprehension by the practitioner, but in its most obstinate and aggravated form the characteristics of the disease are so striking that there is scarcely a physician in large practice who cannot recall a number of cases conforming in exact detail to the assemblage of symptoms I am about to narrate. More likely than otherwise such cases were diagnosed differently than is indicated at the head of this article; perhaps as some obscure and threatened cerebral lesion, or as some cardiac or lung derangement of a not very well defined character. Especially will the recollection be likely to arise in the mind as to those in whom the derangement had reached a fully developed and aggravated stage, as manifested by a greater intensity of the symptoms than ordinary, and particularly by a remarkable persistence, frequently lasting for months and even for years.

It is well known that the kidneys form the main outlet for the effete azotized matters of the blood, and that the hydro-carbons are largely oxidized in the lungs, some of them in the liver, the decomposing matters of the latter changes being in large part excreted through the liver and intestinal canal. There are good grounds for the opinion that the functions of the lungs and liver have a very intimate, and to a certain extent, vicarious, relationship; that is, when those of the lung are especially active, as during the frigorific season and in arctic regions, that of the liver is correspondingly inactive, and *vice versa*. Nevertheless, this correlation of function has important diversities when the functional entities of the two organs are taken into consideration. For instance, some of the hydro-carbonaceous compounds appear to be incapable, as far as known, or are in a form not susceptible, of pulmonary oxidation, as for example, the cholestrine and the pigment of the bile, both of which are very rich in carbon, and are mainly, if not wholly, excrementitious. It seems, also, that these substances only find their way out of the system under physiological conditions, through the liver and intestines. Concretions of them, it is well known, are often found in the gall bladder, and the normal tint of the fæces depends upon the bile pigment, which thus passes out of the system as a waste substance. Suppose, then, that the effete products of liver metamorphosis, or the components fitted for excretion, accumulate in the blood to an abnormal extent, what would be the effect? Not necessarily, the expert in medical knowledge will answer, any marked derangement of the liver, but more probably upon the organic centre the most sensitive to abnormal matters in the blood. This centre, as all know, is the nervous, and it is precisely upon this that the most marked effects of the excess in

question, as we shall presently show grounds for believing, is produced. I am fully aware that this is only a hypothesis, plausible, some may think; and unfortunately, like many others in medicine, incapable of experimental verification. Yet, it is a hypothesis not thought of before; but after a careful study of the facts it grew out of them, grew out of a careful study and analysis of clinical data, and like all similar and trustworthy expedients of the kind, serves to make plain what was before obscure, harmonizes apparent anomalies, and more than all furnishes a clue to guide us nearer to the goal we are all seeking—a closer approximation to perfection in knowledge and command over undesirable conditions (the grand ultimata of all science), and hence, of an increase in power to modify or remove them. Had this theory of some abnormal product in the blood arising from hepatic inability failed me among my clientele, it would not have been laid before the reader. And in this connection it may be well to bear in mind the fact that three-fourths of our conceptions as to the causes of disease are purely hypothetical, and so long as they are good working hypotheses, the best we have, they should be retained. But at the same time another truth should not be forgotten, that a hypothesis which happens to be ingrained in the mind from our earliest recollection is not on that account a whit nearer correctness, and ought not to hold a more sacred place than one more recently advanced. Not the age of a doctrine, but is it a true one, or nearer the truth than anything before advanced? this is the axis around which should freely revolve our conceptions and adoption or rejection of doctrines not absolutely demonstrable.

This hypothesis of a retained hydro-carbonaceous excess is not unsupported by analogical evidence. Gout and rheumatism are commonly attributed to insufficient renal excretion. It is true that the analogy between inadequate depuration of the blood by the liver and kidneys is not complete, as the elements taken from the blood by the latter are wholly excrementitious, while those of the liver are but partially so. But the appositeness of the analogy for our present purpose is not much weakened by this difference, as the question here is not as to the effects upon the organism of an insufficient amount passing into the intestine in the one case, and into the bladder in the other, but as to the effects of an over supply of components in the blood especially adapted for transformation or elimination.

Problematical as such a sanguineous excess of the biliary components may appear, and that certain morbid symptoms denote their presence in the blood, the liver all the while acting in a normal or not perceptibly abnormal manner, there is really no more *a priori* improbability that this should occur in regard to the functions of the liver than there is in regard to the functions of the kidney. This granted, the reader is then in a frame of mind to consider unbiasedly the evidence on which the assumption is based. I say assumption, for such it is, precisely as three-fourths of the states named disease are assumed to depend upon a *materies morbi*, the reality of which has not been demonstrated.

Upon these considerations, and others of an allied character, together with a studious differential analysis of clinical data, and the carefully observed effects of therapeutical agents, I have been led to the conclusion that the following symptoms are due to an inadequate action, or more probably to an excess of the components fitted for hepatic transformations; a heavy, dull listlessness, often amounting to an enervated, stupid, somnolent feeling, or inability to read or think for a short time without falling asleep. The spirits are gloomy and irritable, the complexion is as clear as usual, the tongue is clean, the appetite good, digestion easy and apparently rapid, the bowels are regular, their discharges natural in tint and consistence, the renal secretion is normal, but the pulse is invariably remarkably slow, often not more than 40 or 50 per minute, and sometimes intermittent. A sudden movement, however, as in rising to the feet, will often cause it to run a little faster, or up to the normal rate. There are no unnatural cardiac sounds, the respiratory murmurs are not, as a rule, those of disease, but the breathing is apt to be sighing and superficial, or as if the inspired air never reached the base of the lungs. The peculiar pulse is quite pathognomonic; hypochondriasis almost equally so; and vertigo, especially on arising from the stooping posture, is a frequent concomitant. The general energies are far below the natural standard, and the subject is prone to view his disabilities, though attending in a listless manner to his ordinary avocation, in the darkest light.

The sluggish cardiac action appears to affect the thoracic functions peculiarly. A sensation of weight and oppression are felt about the base of the lungs, which usually leads the patient to suppose that the lungs are diseased, but which in reality is wholly due to a languid pulmonary circulation. The slow pulse is apparently the effect of inhibitory nerve power, not affecting it appreciably in strength or in fullness, only in

frequency. The source of that inhibition is only explicable in such cases on the theory of an excess of some of the biliary constituents in the blood acting upon the cardiac and respiratory nervous axis. This view is rendered highly probable by the experiments of Messrs. Fultz and Kitler, who conclusively established the fact that by the injection of bile into the blood in non-poisonous doses the pulse diminishes in frequency, the respiration slackens, and the arterial tension and temperature fall. (*Bullen. Gen. Therapeutics.*)

The *materies morbi* which thus begets cardiac sedation also acts as a powerful depressant upon the animal spirits. In this respect it is the exact opposite of the exhilarant influence of alcohol, and like it is also probably capable of exciting grave cerebral disease when long continued, and when acting upon susceptible subjects. I have a strong impression that this is the *fons et origo* of many instances of melancholy insanity. In it we discern the power of a strong centric nervous depressant, and the inference that its protracted influence should engender cerebral lesion is in entire accordance with the currents of our knowledge. Indeed, I have frequently met with cases of this disease in which the mental depression was so deep and so well known that had the hints of suicide been carried out, coronial wiseacres would have adjudged mental derangement as the cause.

Increased observation deepens the conviction that insane melancholy and suicidal mania are the not uncommon outcomes of the long continued influence of this cerebral depressant. It is scarcely reasonable to suppose, if the presence in the blood of an agent having such marked power over the cerebral functions be granted as probable, that no deleterious effects are likely to arise in its structure, especially in those enervated or predisposed to mental derangement. The traditional influence which the liver has been supposed to exercise over melancholy is as old as the history of medicine; indeed, Galen went further in this respect than modern writers, but probably no further than accurate observation warrants; and if these inferences are correct the doctrines and practices which they will lead physicians to pursue are of the very deepest import to the peace, joy and happiness of many a household.

The effects of this retained excess on the spirits are not alone of a melancholy character. Those of the nervous temperament are rendered extremely irritable, and liable to fits of unusual irascibility; those of the lymphatic become more taciturn and stolid; those of the bilious are peculiarly gloomy and morose. If a predisposition to cephalalgia exists there is usually present depressing and persistent headache—not over the eyes, as in gastric derangement, but over the entire head, and intense if anywhere along the base of the skull.

This form of derangement is an eminently chronic one, never appearing on one day and disappearing the next, but coming on by slow genesis and gradual accretions, and is seldom removed in a few days, even under the best treatment. Under the worst it may endure for months, or indefinitely. Subjectively, the most characteristic symptom is that of a gloomy, morbid introspection, the victim appearing incapable of keeping his mind for a single wakeful hour away from the most dark and despondent views as to his condition. He may try to escape this thraldom one minute, but the next it is upon him in full force, and the will power strives against its masterful influence in vain.

Reasoning by exclusion, no organic structural change can be located which suffices to account for the depressing, not immediately dangerous, but to the patient extremely apprehensive, disorder. The patient's relation of his symptoms naturally inclines the thoughts to the indefinite condition known as biliousness, or hypochondria; but the natural appetite, the good digestion, the regular bowels, the clean tongue, pleasant morning taste, clear complexion, freedom from nausea and frontal headache, and limpid colored urine, negative the supposition. Nearly all those thus affected are from the strong, vigorous and well-nourished classes, and are not in any way given to inherited or acquired hypochondria. There being neither the history nor the signs of cardiac nor of cerebral lesions, no mental resource is left, than the adoption of the conception which seems entirely legitimate, that there is some abnormal product in the blood which acts as a depressant upon the heart and nervous centres, and that if so, through elimination only can relief be obtained. Suppose, as is commonly the case, the disorder is carelessly classed as biliousness, and a few mercurial cathartics are ordered, the benefit, if any, will be merely temporary. Is this rational practice? The symptoms, as related, are peculiar; is the application of the remedies likewise peculiar? Not at all; it is, in fact, the very opposite of rational therapeutics, whose cardinal principle may be said to be the accurate determination of individual deviations from health, and the selection from a large collection of curative agents of the one

or ones the best of all adapted for their removal. In proportion as accuracy of the conceptions and fullness of knowledge are gained on these points, does the practice of medicine approximate the standard of an exact science.

The leading cause of this form of disease may, of course, be inferred from the foregoing remarks. It does not arise in any way from a deficiency of the ordinary amount of bile secretion, but apparently from an undue amount of some biliary component, that can only find its way out of the system through the liver. It is useless to conjecture what form such biliary elements may assume through prolonged retention, but that the impact of the depressing power falls with special force upon the nervous centres seems scarcely open to doubt. In no other way and by no other class of retained elements can the peculiar sedation upon the nervous centres be satisfactorily explained.

The diagnosis is seldom difficult, as the symptoms are quite characteristic. A very listless, unwonted and persistent depression of spirits and of nervous energy; an abnormally slow pulse; when at rest slightly oppressed respiration, with occasional attacks of vertigo, are the positive and constant symptoms; while the negative signs are quite as characteristic: absence of any evidence of digestive derangement, of intestinal torpor, of cardiac lesion, or renal disease, of a dark or sallow hue of the skin, or of pain, dull or acute, in any region of the body. The appetite is almost invariably good, sometimes too good, the digestion easy. There is no sub-scapular pain, or if so, insignificant and transient, and the area of hepatic dullness is not increased. This form of disease is almost invariably seen in strong, well nourished persons, and is only met with in general practice at more or less extended intervals. It is of no little interest, on account of its duration and obstinacy to all except appropriate treatment, and from its liability to be mistaken for latent mental derangement or incipient cardiac disease. This may be more clearly apprehended, and at the same time assist in impressing the distinctive features of the disease upon the reader's attention, by relating the following cases:—

Theo. R., a prominent citizen of the southwest part of Licking county, had been seeking relief in vain for at least six months, near his home, at this place, and in Cincinnati, for the following symptoms: he had a healthy look, a good appetite, untroubled digestion, regular bowels, except when disturbed by medicine, but he complained of unwonted langnor and sense of debility. The tongue was clean, the taste good, the appearance of urine and fæces normal. He had no cough, the respiration was heavy, sighing, and as if the air never reached the pulmonary basis. His pulse was of fair volume and strength, regular, but only forty per minute. The cardiac sounds were ordinary, and percussion revealed nothing abnormal. He acknowledged to very low spirits and to gloomy forebodings, a thing quite unusual with him. Two old physicians had diagnosed incipient lung disease, of what kind I could not learn. Another decided that some kind of a structural lesion existed in the heart. Differing as I did from the opinion of his former attendants as to the nature of his case, and deciding that all his symptoms arose from a sanguineous *materies morbi*, which must be eliminated through the agency of the liver, treatment was according thereunto adopted, and within two weeks a ·ry decided improvement was perceptible, th first so far that he had experienced, which, under a course of two months, resulted in a complete and final removal of his miserable ailment.

In another instance lately under my care, the very slow pulse, the melancholy, the ever recurring thoughts of suicide, the vertigo, and a dull aching in the basilar region of the brain, led several physicians to diagnose incipient cerebral disease, for which he had taken the bromides largely, cathartics and opiates, in vain. All of which symptoms were permanently removed by mild remedies addressed to the liver, for the purpose of promoting a gradual but steady elimination through that channel.

In reference to treatment, perhaps some of my readers will be ready, like some inquirers of the Central Ohio Medical Society, to whom the substance of the foregoing was read, to say, You would employ mercurials, of course. Emphatically, no. Entertaining a very exalted opinion of the great value of mercury in some forms of acute disease, and sometimes for a brief period in chronic disorders, it will nearly always signally fail in this one. At the least, quite a large number of persons have been under my care who had tried mercury faithfully, but with only transient benefit. In fact, after a time they declared that they became decidedly worse. According to my observation, repeated doses of mercurials afford decided but transient benefit, but if continued too long, decided debility ensues; and as soon as the immediate effects pass away, the symptoms recur, if anything, to a more intensified degree. As a rule, in the management of any lingering disorder, where the influence of a drug

potency needs to be continued for a succession of weeks, mercury is by no means the most successful remedy; it is far too wasteful of blood organization, far too debilitating, even in small portions, to be continuously beneficial in organic insufficiency. The most efficient and unobjectionable remedy in the treatment of this disorder is the extract podophyllum, or its resinoid, podophyllin. The former is to be preferred, as it is less nauseating, easier taken, and is more readily absorbed. In full doses, or in delicate or susceptible subjects even, its operation may be a little unpleasant, such as occasional sensations of qualmishness and griping pains, with small, but frequent stools, abounding in mucus. These symptoms may be, in large part, obviated by combining it with the fluid extract of leptandrin. On strong, vigorous subjects these effects, however, seldom occur, except after a too large dose. The object should be to keep up a gentle but continued impression, by administering from five to ten drops of the fluid extract, combined with a drachm of leptandrin, three or four times a day. The sufficiency of the impression may be measured by the effect upon the bowels, and this should be of an increased activity, say from two to three evacuations per day. Captious conservatives are very likely to say, how do you know that these agents act as cholagogues. On this I claim no special insight, but this, at least, is well known, that increased vermicular activity of the stomach and bowels leads to an increased flow of bile into the duodenum, and if the former are enhanced and the bowels preternaturally active, a large part of the two pints of bile which is normally discharged into the bowels each day is not reabsorbed, but carried out of the body, thus depleting the blood largely of the bile components. True, any kind of laxative may do the same thing to a certain extent, but as experimental observation on animals convinces some far more effectually than the most careful observation on the human subject, the experiments of Prof. Rutherford should be read,* which show that some cathartics, by increasing the activity of the intestinal glands, reduce the flow of bile, while others do not, but rather tend to increase it.

If the action of podophyllin is somewhat slow, it is more enduring than that of any other cholagogue, and two doses per day are oftentimes quite enough. Sometimes I have had to administer as much as fifteen and twenty drops twice or three times per day, to establish the needful increase of excretory action. But this is only met with in those who have a maximum of resisting power to therapeutic influences.

Individual peculiarities may require some additions or modifications of this treatment, but the above remedies are the main dependence, and which, so far, have not failed me, even in cases of protracted duration, and after other physicians had tried and failed in removing what some of them, at parting with their patients, were fain to term little more than hypochondriasis. Had the physician himself been the subject, indignation would have been added to his bitter mental depression. It is high time that the profession should recognize that such states of the mind have a material basis or cause, and the disposition to make light of them is akin to that of the vulgar populace, who are loth to admit that the first signs of an old-time neighbor becoming insane are anything more than freaks of the imagination, or pure devilishness.

The diet, meanwhile, should be mainly vegetable, eschewing sweets and fats to any liberal degree. Acid drinks, especially buttermilk, during the warmer months of the year, are not only grateful and strongly craved, but are also apparently conducive to a restoration of a healthy state of the blood.

* *Practitioner*, London.

INSANITY OF LACTATION.

BY HENRY BEATES, JR., M.D.

Read before the Northern Medical Society of Philadelphia.

The patient upon whom the following remarks are based is a married lady, aged 18, diminutive in stature, but well developed. Her family history indicates a nervous hereditary predisposition. The grandmother was a victim to traumatic epilepsy, and her offspring evinced a general nervous excitability among the female, and a tendency toward melancholy on the male side.

During gestation the patient confined herself rather closely to the house, only indulging in short walks early in the morning and late in the evening. She did not suffer from the maladies consequent upon early pregnancy, and enjoyed good health until the sixth month, when the mammæ began to secrete a milky fluid, which increased in quantity to such a degree as to necessitate the wearing of a guard. This condition was allowed to continue throughout the remainder of her gestation.

Her disposition altered, from a mild and obliging to an impetuous and irritable state; apart from which, with the exception of restless and unrefreshing sleep, no special symptoms were recognized.

On October 4th, 1879, labor with the first child occurred and progressed very favorably. Three days subsequently, the mammæ became greatly engorged, and a profuse galactorrhœa developed, producing sleeplessness, anorexia and malaise, and contributing very materially to her already increasing anæmia and exhaustion. In the course of a few days I was summoned to see the case in consultation, and found her pale and excitable, with no appetite, and inability to sleep. In addition, both mammary glands were indurated, projecting conically from the chest, red, increased in temperature, not very painful on superficial palpation, while movement of the whole gland occasioned severe pain.

As nursing was accompanied by intense suffering and followed by prostration, the child was ordered to be fed with the bottle, and measures were adopted with a view of checking the secretion of milk and preventing the formation of abscesses. This was the eighth day after confinement. Three days later I was again summoned and found the patient furiously maniacal. She lay across the bed with her eyes widely opened, yet apparently recognizing nothing. Comparatively lucid intervals occurred, with a partial return to consciousness, during which the patient would scream, and manifesting great terror, endeavor to drive from her all who attempted to render assistance.

All but the husband were immediately sent from the room, which mitigated the patient's terror, and enabled me to ascertain the cause of her agitation. She experienced a great dread, for which no reason could be ascribed. During my interrogations a member of the family entered, and occasioned a repetition of the above phenomena. Half a grain of morphia sulphate was now administered, and effected an abatement of her excitement and enabled the patient to articulate more distinctly. Prior to the exhibition of the narcotic, her speech was incoherent and words were misplaced and very imperfectly ennnciated. Perplexity of thought was especially noticeable, being characterized by the utterance of sentences conveying varied and disconnected ideas. After a second dose of morphia sulphate a short sleep supervened, from which the patient awoke considerably less agitated.

After being convinced that the child was able to take nourishment from the bottle, she consented to etherization, and the breasts were freely incised, from the base to the margin of the areola, and each engorged lactiferous duct was opened, with a view of preventing secondary abscess. About two fluid ounces of pus escaped from each breast, and the hemorrhage was moderate. After recovering from the anæsthetic the maniacal excitement had almost entirely disappeared, and the true nature of the case became apparent. Apprehension was still a distinguishing feature, but hallucination characterized the form of the insanity with which we had to deal. The hallucinations were varied, but the greater number were of a terrifying nature. At one time she saw a woman rush through the apartment, carrying in her arms a child, which she threw into the open fire. Again myriads of faces crowded the doorways and watched her every movement; these eventually approached nearer, and finally, surrounding the patient, so overwhelmed her that she passed into the stage of delusion. This was the second day after the breasts had been lanced.

The insanity maintained this characteristic type, and the actions of the patient depended upon the nature of the apparition.

On the fourth day of the insanity an amelioration of the symptoms occurred, and improvement continued until the tenth day, when the patient regained her normal mental status.

After being able to sit up, a hysterical condition developed, which, under proper treatment, mainly physical, soon disappeared.

The wounds healed kindly, and in the course of a few weeks the patient was about the house as usual. The treatment consisted in the exhibition of liquid and nutritious diet and a pill composed of ferric pyrophosphate, resin of phosphorus, and extract of nux vomica.

Sleep was procured by opiates. The bowels were moved every third day by enemata. The febrile action throughout was very slight, at no time reaching above 100.5°. No renal, pulmonary, cardiac or subacute inflammatory condition of any kind co-existed.

The social state of the patient, with its perfect immunity from moral influences of a depressing nature; the utter absence of any co-existing pathological condition, the long duration of the cause, and nature of the insanity, with the hereditary predisposition, sufficiently distinguish this from puerperal mania as generally considered, and render further comment unnecessary.

The maniacal excitement first referred to is not to be associated as a symptom of the principal trouble, being referred to as it serves to illustrate that condition which is occasionally met in mammary abscess. The hemorrhage resulting from the mammary incisions added greatly to the already anæmic condition, and contributed as an exciting cause of the development of the disease.

Hospital Reports.

LOUISVILLE CITY HOSPITAL.

CLINICAL LECTURE BY Wm. H. WATHEN, M.D.,

Professor of Obstetrics and Diseases of Women and Children, of Kentucky School of Medicine.

REPORTED BY A. H. KELCH.

Diagnosis of Sex, Presentation and Position of Fœtus.

To-day, gentlemen, I bring before you these women, eight months pregnant, for the purpose of illustrating the practical importance of the application of physical diagnosis to the fœtus in utero.

By this means we are enabled to diagnose the existence and period of pregnancy, the presentation and position of the child, and to arrive at a probable conclusion respecting its sex; and with these patients I will illustrate this practically, in order to impress upon you the importance of this subject, which is, unfortunately, too little taught in the medical schools and in the various text books brought before the medical profession. You will observe that all the text books in the English language devote but little space to this subject; those in the French and German somewhat more, but none pay that attention that its importance demands. Yet, while we know this is true of the books, we know that, particularly in Germany, it has been taught for many years practically in the hospitals, by the leading obstetricians. It has been taught, to some extent, in this country, but to such a limited degree that all the older, and nearly all the younger practitioners know so little about the subject that they make no practical application of it in their obstetrical practice.

The methods we employ in making this investigation are inspection, percussion, palpation and auscultation. In a limited lecture like this it is, of course, impossible for me to dwell upon each of these points to an extent corresponding to its utility, and I will, therefore, confine myself to the consideration only of the cardinal points.

In order to make the examination properly, it is necessary to place your patient upon her back, her head slightly elevated, and limbs a little flexed, so that the abdominal parietes shall be relaxed, to enable us to more readily feel the uterine walls. Otherwise, with the abdominal walls tense and contracted, we would have great difficulty in appreciating the conditions of the uterus, either by palpation or auscultation.

Then, the first thing to be considered is, what may be determined by inspection? By inspection we determine the general contour of the abdomen, that peculiar, rounded, ovoid, symmetrical shape, and the fœtal movements through the abdominal walls; often an arm or leg of the child presses against the walls of the uterus, making an impression perceptible through the abdominal walls. Often, also, by inspection we may differentiate those motions that are perceived through the abdominal walls caused by an accumulation of flatus passing from one part of the alimentary canal to another, and those made by contractions of the abdominal muscles, from those of the fœtus. But inspection, with the exception of percussion, is the least important of these means for arriving at conclusions concerning the conditions within the uterus.

By palpation we are enabled to mark out accurately the outlines of the uterus; to distinguish it from an enlargement of the abdomen caused by an accumulation of gas or of adipose tissue, or from a cystic tumor within the cavity, or any solid tumor within. If the condition present is that of pregnancy we will find a well defined tumor that we can mark out the outlines of in every part. We can also feel the irregularities produced in the uterus by the form of the child; we can feel the round, smooth, unyielding vertex, or the soft breech, or the smooth, yielding surface of the back, or the projections of a foot or lower extremity, seldom of an upper, because of the manner in which they are folded upon the breast. Again, you can distinguish by palpation between the movements of flatus, or abdominal contractions, and those of the fœtus; you may also distinguish between enlargement of the uterus and other abdominal tumors by the regular contractions in the uterine walls during pregnancy. So you see that by palpation alone we can almost diagnose the existence of pregnancy and exclude other enlargements.

Again, the importance of this examination becomes apparent when you see we can not only diagnose the existence of pregnancy, but determine as well the position of the child, often accurately.

By percussion we derive very little information in a case of pregnancy; so little that we will not now consider it at all, but come to the means that give us most reliable proofs in establishing what we claimed in the beginning of the lecture; that is, to auscultation. And we accomplish so much by auscultation because there are peculiar sounds present that represent certain facts by which we are enabled to arrive at positive conclusions. These are, first, the fœtal heart sounds; second, the uterine souffle; third, the umbilical souffle; fourth, the sound that is heard in the decomposition of the liquor amnii, and lastly those caused by the movements of the child. All these may be heard, and are of some importance, while some of them are of very great importance, particularly those of the fœtal heart. But these are not heard until about four and a half or five months after conception. Up to that time they amount to nothing, so far as we are concerned in this examination; but fortunately in the sense in which I present them to you to-day they appear sufficiently early to enable us to accomplish all the practical purposes for which we wish to determine the condition. It is not necessary that you should make an examination in a case prior to the seventh month, and generally it is sufficiently early between the eighth and ninth months, because the abnormal conditions that may be removed by proper interference should be let alone until this period.

The fœtal heart sounds you are already familiar with, but in addition to that I want you to know how, by these sounds, we arrive at the conclusions I have already told you could be reached, and in order that you may understand the sub-

ject thoroughly and intelligently, I must now tell you the steps we take to make the examination complete.

The fœtus in the uterus is doubled upon itself, and in the eight month of pregnancy the uterus has an ovoid form, with its long axis longitudinal. Then, if by a line we divide in the centre this ovoid tumor, through the fœtus, we would find, of course, the heart in the cephalic extremity. Then, that being the case, if the heart sounds are in the lower part of the uterus we would usually have a vertex presentation, and *per contra*, if the heart sounds are heard in the upper part of the division, we would usually have a breech presentation.

Now, we want to know what is the position of the child, and in order to determine that, we divide the uterus, in a longitudinal direction, into two lateral halves. This, then, makes four segments; the right and left inguinal, and the right and left hypochondriac. Then, if the heart sounds are heard in the lower segment on the left side, about half way between the umbilicus and the anterior superior spinous process of the ilium, more perceptibly radiating in a direction toward the umbilicus, we have a vertex presentation, the first position, left occipito-anterior.

If we find the fœtal pulse, instead, upon the right side, in the inguinal region, near the flank, we would then, for the same reason, have a vertex presentation, and likely the third position of the child, right occipito-anterior. Failing to distinguish it in either of these regions, if we hear it above and to the right side, we then have a breech presentation, with the back of the child to the right side; heard distinctly in the left hypochondriacal region, we have breech presentation, with the back of the child to the left of the pelvic cavity. If we hear it most perceptibly in the region just above the symphisis pubis, and immediately to the side of the linea alba, particularly if there is transverse enlargement of the uterus, we have, likely, a transverse presentation with the cephalic extremity of the child on the side where the sound is best heard.

Now, with these general rules, and by the knowledge you have derived from inspection and palpation, you can nearly always come to a correct conclusion concerning the presentation and position.

If there should be a twin pregnancy we may hear the fœtal heart sounds distinctly in two different localities, but often by inspection we have our suspicions of the existence of such a condition aroused by the fact that there is a little sulcus apparent between the two children. And further, by palpation, we may detect the outlines of two distinct heads, and in this way make the diagnosis of twin pregnancy.

We may determine something respecting the condition of the child. If the heart sounds are clearly audible and regular, the child is probably in a healthy condition; if feeble and irregular, a feeble condition is indicated. During labor, if the heart sounds be found regular and strong, and then become irregular and feeble, you may know that the child is in imminent danger, and should be delivered as soon as possible.

What is the advantage of being able to diagnose the presentation and position of the child, previous to the labor or just at the beginning? It is ordinarily of little importance, but in some instances it is of vital significance, because, when you have an abnormal presentation, a knowledge of the fact previous to the labor, or at the beginning, will enable you, in nearly every instance, by external manipulation, or by combined external and internal, to convert this into a normal presentation, and spare yourselves the trouble, and your patient the dangers, of a more serious operation after the labor has begun, and perhaps after the membranes have ruptured. What is now a simple and painless procedure becomes, at a later stage, one of the serious operations of obstetric surgery. The next step in our diagnosis is to determine the sex of the child. How are we enabled to do that? Well, it is clearly demonstrated that the fœtal heart sounds of the male child are less rapid than those of the female, those of the male reaching ordinarily from 120 to 135; of the female, from 135 to 150. Thus we find an average difference of fifteen beats per minute, with an average of both male and female of 135. Taking, then, this 135 as the dividing line, we find that the child whose pulse is less than 135 is likely to be a male, with the certainty increasing as the number of pulsations decreases. When the number of pulsations are above 135 the probability is that the child is female, with the certainty increasing in proportion to the rapidity of the pulse.

The next consideration is the uterine souffle. This is not a positive evidence of pregnancy, but it is of considerable importance taken in connection with other symptoms. It is the blowing or whizzing murmur caused by the rushing of blood through the uterine vessels. It is also not appreciable until about the end of the fourth month of pregnancy, a sound that is sometimes more intense than at others, and sometimes entirely absent.

When it is heard during labor it is found to become more intense at the beginning of a uterine contraction, subsiding as the acme is reached, and again appearing as the contraction disappears. For this reason we infer that it is probably produced by the contractions of the uterus during pregnancy.

The next sound is the umbilical souffle. It is a sound that is not constant, in fact, is rarely heard, and when heard, is generally evidence that the fœtus is sustaining some injury, by compression of the cord between the bony structures of itself and those of the mother, or by the cord being wrapped around the head, neck, or limbs of the child. When this sound is heard it is an important one, as indicating that the child is suffering from an interference with the circulation through the umbilical cord.

Having stated these propositions, now, gentlemen, I proceed to make a practical application of them to these cases before us.

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By auscultation in this case I find the uterine souffle distinctly marked, and the heart sounds are perceptible over the right inguinal region. By palpation I find I can depress the uterus more easily on the left than on the right side. This right side feels hard, because the back of the child is directed against the wall of the uterus

at this point. The head is directed down against the superior strait, the occiput toward the right sacro-iliac synchondrosis. Then we have a vertex presentation in the third position.

This position, gentlemen, may possibly be changed before delivery. The child can, even up to the seventh or eighth month, change not only its position but its presentation. Then here is the third position, vertex presentation, with the uterine souffle well marked. Here we have an extraordinary pulse; it beats at the rate of 168 per minute. I should remark to you that the pulse may be increased by pressure upon the child, though it is not affected by the maternal pulse. In this case I diagnose a female child.

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In this (the second patient) I cannot perceive any sound except that made by the fœtal heart. It is most perceptible in the left inguinal region, midway between the superior spinous process of the ilium and the umbilicus, radiating in the direction of the umbilicus. This, then, is a vertex presentation, in the first position, or left occipito-cotyloid. In this case I also find the pulse unusually rapid, over 160 per minute. So, at the proper time, we shall expect these two women to increase our population by the addition of two female children.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. Beates read a paper upon a case of

Insanity of Lactation.

Dr. J. B. Walker said he had never seen a case exactly like the one reported by Dr. Beates. Insanity connected with the puerperal condition was not uncommon at the Philadelphia Hospital. He related one case that had died in this condition when he was a resident in the wards. The autopsy revealed tubercles along the meninges. He believed, however, that these tubercles were a sequence rather than a cause of the trouble.

Dr. J. Collins had seen several cases. He thought that Dr. Beates struck the keynote when he said the patient was an exceedingly nervous person. He thought the case, as narrated, presented some of the elements of hysteria. The Doctor then gave a graphic picture of a nervous girl, well educated in a moral sense, who had become pregnant in an unmarried state. She was in a state of great anxiety during the whole period of gestation, which reached a climax at childbirth. Then followed the exhaustion of lactation, during which time he thought it not strange that the nervous system gave way.

Dr. L. B. Hall related a case of highly sensitive mammæ and nipples. The patient was married, and not of a nervous disposition; had she been otherwise he believed the mind would have given away under the intense pain and exhaustion of lactation.

Dr. Beates said he thought his case remarkable for the form the insanity assumed, that of hallucination rather than melancholia, which was more common in such conditions.

Dr. J. T. Eskridge gave the history of a case of typhoid fever, with a temperature varying very irregularly from 101 to 103⅕, and showing that the thermometer cannot be relied upon to diagnose that disease.

Dr. J. B. Walker related a case of acute rheumatism followed by phthisis. The chief interest centred in a heart murmur, developed during a relapse of the rheumatism. It had all the characters of an endocardial bruit, and was diagnosed as such. The subsequent history, however, proved it to be a pericardial friction sound.

Dr. L. B. Hall called attention to the relapse and heart complication in Dr. Walker's case, following the use of salicylic acid.

Dr. Walker replied that he believed alkalies to be the true treatment for rheumatism. He would, however, give salicylic acid in the acute stage. His case occurred at the Philadelphia Hospital, where the attendant was practically under the control of the resident and nurse.

Dr. J. T. Eskridge uses salicylates, and has had heart complication to follow in only one of his last hundred cases.

Dr. J. Collins has abandoned the use of salicylic acid. Thinks better of the salicylates.

The Committee on Morbid Specimens reported that the worms presented by Dr. Rihl, and purporting to have been coughed up after hæmoptysis, were specimens of the common earth worm, and, therefore, were probably in the water taken to wash the mouth.

Editorial Department.

Periscope.

The Dangers of Habitual Headache, and of Intellectual Exertion of the Exhausted Brain.

Dr. Treichler, of Germany, says, in a paper, a translation of which appeared in the *Medical Press and Circular*, Wednesday, April 14th, 1880—

According to my experience, habitual headache has considerably increased with boys and girls; it destroys much of the happiness and cheerfulness of life, produces anæmia and want of intellectual tone, and, what is worse, it reduces many a highly gifted and poetic soul to the level of a discontented drudge. Although it is more difficult to collect precise statistical data on habitual headache than on myopia, yet the result of various investigations at Darmstadt, Paris, and Neuenberg, goes to prove that one-

third of the pupils suffer from it. Undoubtedly the principal cause is intellectual over-exertion, entailing work at night, and the insisting by parents on the too earnest taking up of a variety of subjects—music among the rest.

The pathological anatomical changes in the worst cases of this unhealthy condition I consider to be a disturbance created by anæmia in the nutrition of the ganglion cells of the cortex of the cerebrum. It is well-known that a badly nourished brain is much more quickly fatigued by intellectual exertion than a brain in normal condition, just as is the case with the muscles.

A second cause of habitual headache is a passive dilatation of the blood vessels of the brain, also connected with serious disturbances of nutrition, whereby the perivascular space around the capillary vessels is contracted, and the getting rid of used-up matter greatly impeded. Modern pathology now looks on progressive paralysis, in its earliest stage, as a vasomotor disturbance of nutrition of the cortex of the cerebrum, in which the vessels of the pia mater get into a palsied condition of dilatation, and we have degeneration of the cortex of the brain produced by stagnation of the current of lymph.

When the ganglionic cells begin to be diseased by senile atrophy, the memories and scientific problems of youth are still clear, and can be reproduced, while the same ganglionic cells can no longer comprehend and work at new though much simpler scientific problems, and while, with regard to a thing of yesterday, the memory is uncertain. From this we may draw the following conclusions:—

1. That what the ganglion cells when in their full health and vigor have grasped remains; so that, after the lapse of half a century, and with the beginning of disease, it may still be reproduced.

2. That the ganglion cells diseased by old age are, in reference to the accomplishment of work, like greatly exhausted ones, and have lost the power of understanding and abidingly taking in new and difficult ideas. The ganglion cells, therefore, can only take in new ideas, as an intellectual acquisition, so long as they are powerful, are not exhausted, and are nourished with healthy blood. The boundary line is drawn here quite as exactly as is the quantum of nourishment for the stomach of an invalid.

3. That the constant addition of fresh subjects in the teaching programme, making night work necessary for the pupil when the ganglion cells are already exhausted, entirely defeats its object of enriching the intellect, because new ideas cannot then be really grasped, and confusion is produced as to what has been learned in the day. The great object of the school, therefore—earnest intellectual discipline, and the formation of the desire for continuous cultivation of the mind—is thereby frustrated.

Dress in Relation to Health.

The *Lancet*, for March 6, 1880, contains an abstract of a lecture on the above subject, by Dr. B. W. Richardson, delivered to a large audience at the London Institution:—

It was, he said, altogether apart from his purpose to deprecate good fashion in dress. He thought every woman ought to make herself as becomingly beautiful as she could. Good health and good fashion would always go well together. Errors of fashion were due, as a rule, to the fact that fashions were dictated and carried out by vain and ignorant persons, who were skilled neither in art nor in the rules of health. Considering dress, first of all, in relation to its mechanical adaptation to the body, he objected to everything that led to unequal pressure and to tight bindings about the body, neck, feet, and limbs. Corsets, waistbands, garters, and tight shoes were specially denounced. The dress should be loose, and its weight borne by the shoulders. In the dress of men this was fairly accomplished, but the dress of women dragged from the waist, and occasioned physical bondage, which placed them at a great disadvantage as active workers. He condemned alike the corset and waist belt worn by women, and the strap and belt used by boys when performing gymnastic feats. The belt interfered with free breathing, and tended to produce hernia. He suggested as a reform in the dress of women that it should be made similar in most respects to that of men. He would have mothers clothe their girls precisely as they clothed their boys, with the one distinguishing mark of a light, loose, flowing gown. He next discussed the quality of clothing, and the amount required at various seasons. Warm clothing ought to be put on in September or early in October, and not left off till the close of April. Heavy underclothing should be avoided. There was no necessary connection between warmth and weight. He denounced black, and insisted that for all ordinary occasions light gray ought to take the place of black for the outer coverings of the body. Black was, in fact, of all colors the very worst, and those poor ladies who thought it necessary after bereavement to immerse themselves for months in crape were indeed to be pitied. After the suttee, it was almost the saddest of miseries inflicted by society on the already miserable.

So-called Senile Changes.

At the meeting of the Cambridge Medical Society, held on February 6th, an abstract of the proceedings of which appeared in the *Lancet*, Feb. 28, 1880, Dr. Humphry, in illustration of the subject of so-called senile changes, showed a specimen of fractured neck of the femur, taken six weeks after the injury, from a woman aged seventy-six. A longitudinal section showed the bone to be well and firmly united, a result owing partly to impaction. He doubted whether the reparative process was enfeebled by old age apart from other causes. He showed also the other femur, which did not bear out the prevalent view that the angle of the neck becomes less in old age. No doubt the angle of the jaw altered as the teeth disappeared, and the curve of the back yielded as the back muscles became weaker: but he knew of no evidence that any of the long bones altered. He had lately, with the help of Dr. Anningson, made a number of measurements of the angle at the neck of the femur at

different ages, and he found that in a series of bones from middle-aged subjects the angle varied from 125° to 133°, and in a series from aged subjects it varied within the same degrees. In the femur of a woman aged 103 the neck had as wide an angle as that of a young person. Dr. Humphry showed also, from the same case, the cartilages of the ribs, which were soft to the knife and uncalcified. He considered calcification of the rib cartilages to be a morbid phenomenon, and not incidental to old age as such. In the case of old Parr, who died at the age of 153, Harvey observed the costal cartilages were quite soft to the knife; and it is probable that in every very old person they remain uncalcified. The significance of calcified costal cartilages is rather that the individual will not live to a very advanced age. In very old people there are not many appearances of disease of any kind—very few, in fact, of what are called "senile changes." The heart and aorta from the same case showed only slight traces of atheroma; and he would include atheroma of arteries as another so-called senile change which was not proper to old age as such.

Progressive Muscular Atrophy Following Injury.

The following case, under the care of Dr. Pavy, Guy's Hospital, is recorded in the *Medical Times and Gazette*, April 10th, 1880:—

Walter L., aged thirty-seven years, a farm laborer, unmarried, was admitted first under the care of Mr. Davies Colley, on March 11th, 1880. His father is alive; his mother died twenty years ago, with an abscess in her neck; he has two brothers and one sister alive and healthy. Patient states that he himself has always been a healthy and temperate man. Seventeen years ago while mowing in a field, he strained his right arm; at the time it seemed only a little stiff, but the feeling of soreness soon passed off. He thinks that at the time he noticed some protrusion of the right shoulder. Fourteen years ago he noticed that the stiffness was more decided in the right shoulder, and then it began also to be troublesome in the left. He also felt a slight aching in the small of the back, and he found that the right shoulder was wasting, and the right arm as far as the elbow. After some time the same wasting came on on the left side. The forearm was never affected; but both hands, and especially the left, and the left thumb, partook of the atrophy. During this time he was still able to work, but two years ago he became so weak that he could only do the lightest kind of farm labor. Last October (1879) he left work and went to St. Thomas' Hospital, where he was received as an in-patient. There he was treated with galvanism and got a good deal better. In February he left the hospital, much better, and was going to try to do some work again, but was sent here by a medical man. On admission, the following notes were taken on the surgical side: "The arms are much atrophied and very weak, but he is in no pain. The scapulæ can be made to protrude a great distance beyond the ribs; their lower extremities are tilted out almost at right angles with the back. The chest is flat and square-shaped. The clavicles are large and prominent. The legs are not wasted, but are rather weak. The serratus magnus is apparently absent on both sides; the upper part of the deltoid is similarly wanting; the great pectoral and trapezius muscles are small. Patient cannot bring his hand to his mouth without having some rest for his elbow, nor can he oppose his thumb; the thumb muscles are much wasted." On trying the muscles with the interrupted current (fourteen cells), the rhomboidei gave no response; the left supra-spinatus responded well; the right supra-spinatus, after a little, did respond, but later on did not; the right and left pectoral muscles answered very slightly to the stimulus; the right deltoid was more irritable than the left. With the continuous current the right infra-spinatus muscles contracted well with twenty cells, the left with fifteen cells. The right and left deltoids contracted slightly with fifteen cells, well with twenty and twenty-five cells. No effect was produced in the region of the serratus magnus. The trapezius contracted well on the application of a current for twenty cells.

The heart beat is very diffused, and the sounds are loud, almost obscuring the breath sounds over a considerable area. There is no bruit; pulse 74, strong. In other respects the patient's condition was normal.

During his stay in the hospital the continuous current has been used, and, as before, some improvement has been effected.

Boracic Acid in Inflammations of Mucous Membranes.

We learn, from the *Maryland Medical Journal* for April, 1880, that at the meeting of the Baltimore Clinical Society, February 21st, Dr. J. Shelton Hill reported a case of gonorrhœa, in which he employed an injection of boracic acid (half a drachm to four ounces); he next saw the patient four days after, and found him perfectly well. Since that he had used it in a primary attack, increasing the strength to ten grains to the ounce. The disease, which had lasted six days, was cured in one week. The patient was a letter carrier, and continued his employment during the treatment.

He has also employed the agent by inhalation, in follicular tonsillitis, with surprising results. So also in post-nasal catarrh. Finally he obtained most satisfactory results in a distressing and painful cystitis, due to long-standing resilient stricture, by injections, morning and night (after drawing the urine), of an eight-grain solution. The patient had required the constant use of anodynes, which he administered himself, hypodermically. Any attempt to walk caused severe paroxysmal pains and desire to micturate. Eight days ago he began the injections; the urine was then so tenacious that it adhered to the vessel when inverted; the night before he had been up to pass his urine thirteen times. The next night this was reduced to seven times, and there was far less pain. On the second night after the treatment the number was four, and no opium was used, for the first time in six weeks. On the fourth night there were two micturitions. Since the 18th only one injection daily has been employed. On the 19th the patient was able to take a long walk without

any bad results. The patient had been two months under treatment. At first only a filiform bougie could be introduced, and the stricture had to be dilated. Various astringents had been used for the cystitis, including zinc, acetate of lead, opium, nitrate of silver, etc., but the patient grew steadily worse, until the employment of the boracic acid; then the improvement was immediate. The injections were made through a small flexible catheter, about No. 2. Specimens of urine passed at various stages of the treatment were exhibited, in which the change from a dark brown purulent fluid to a clear one without deposit was very striking.

Aphasia.

The *Lancet*, January 31, 1880, contains the following communication from their correspondent at Paris:—

M. Magnan commenced his course of lectures on Nervous and Mental Pathology on the 18th instant, taking aphasia as the subject of his opening lesson. Setting aside glossoplegia, glossoataxia, and other cases in which the instrument of speech is at fault, the lecturer confined his attention to the study of two forms of aphasia depending upon disturbances occurring in the psychomotor region of the brain. Of these, the first, verbal amnesia, would appear to result from lesions either of the third frontal convolution or of the cortical part of the insula, and the function of speech is lost because its organic substratum is destroyed. In logoplegia, on the contrary, the memory of words remains clear, but the subject is unable to reproduce them, and here we find that the cortex is intact, and that the disease is localized in the bundles of fibres emanating from it. An interesting variety of aphasia is word-blindness. After an attack of right paralysis, a man aged sixty-four, who was shown by the lecturer, remained aphasic, naming wrongly objects presented for his inspection. A sentence being written in large letters on the board, the patient was unable to copy it, and yet when told to write it down, the same words having been pronounced, he acquitted himself extremely well. Another man of the same age, who had also suffered from right hemiplegia, was able to make a written communication of considerable length on the state of his feelings, but was incapable of reading a single line of his own writing. The explanation of such cases was simple enough. "The encephalic centre which elaborates expression has remained intact, and the fibres which join it to the peripheral organ continue their function. If reading is impossible, it is because the graphic symbol, through some rupture in the conducting fibres, does not reach its centre, and does not there awaken a corresponding idea." It will be seen that M. Magnan is a partisan of what Brown-Sequard calls the *clavier* theory.

When to Perform Ovariotomy.

Edward Borck, M.D., of St. Louis, Mo., in an article on ovarian tumors, published in the *Obstetric Gazette*, for March, 1880, gives it as his opinion, that it would be better to recommend the operation rather a little too soon than too late, and that the early operation will be the accepted rule in the future, for the following reasons:—

1st. That abdominal section is by far not so dangerous under the antiseptic method, as prior to this, without it. Peritonitis is thereby claimed to be prevented, and we are informed by good authority that we now can operate at least one year sooner. Observe the success Schroeder and others had since they adopted the antiseptic method. (See also Nathan Bozeman's remarks on ovariotomy, *N. Y. Med. Record*, July and August, 1878).

2. As the peritoneal cavity has been opened and exposed in other operations, without peritonitis following, and where waiting for distention was out of the question. For Dr. Martin, of Berlin, has removed five times a floating kidney, four times successfully, by abdominal section. Marion Sims tells us that his operations before Listerism would have been wholly unjustifiable.

So the danger of traumatic peritonitis is greatly reduced by Listerism, and the argument that in anæmic patients the danger of secondary hemorrhage is not so likely to occur, seems to me not very solid, though it is true where there is no blood none can flow. I myself should prefer rather a little too much blood than too little; too much we can easily reduce, and we can control a too rapid flow of blood by contracting the blood vessels by ergot, and may thereby prevent oozing. But where there is too little, more is hard to produce.

Six times vaginal ovariotomy has been performed in this country, all early operations, and successfully. The first, I believe, by T. G. Thomas, though it is not his belief that the scope of this plan will ever be very great. But I myself believe a good deal speaks in its favor.

In conclusion I would say, that the object of this communication is to call attention to the above arguments, and especially to the inadvisability recommended, waiting or delaying the operation.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Part XI of the "Atlas of Histology," by E. Klein, M.D., F.R.S., and E. Noble Smith, L.R.C.P., M.R.C.S., contains four beautiful plates (three of them colored) illustrating the various histological structures of the urinary organs and of the genital organs, both male and female, together with descriptions. Published in Philadelphia, by J. B. Lippincott & Co. London, Smith, Elder & Co.

——"Sea-Air and Sea Bathing," by John H. Packard, M.D., is the eleventh of the series of "American Health Primers," edited by Dr. W. W. Keen. It contains a vast amount of useful information in connection with sea bathing, show-

ing how the greatest possible benefit may be derived therefrom, and pointing out how the accompanying risks may be avoided. As the season for sea bathing is approaching this little book ought to have a rapid sale. Published by Presley Blakiston, 1012 Walnut street. Price 50 cents per copy.

BOOK NOTICES.

The Venereal Diseases, Including Stricture of the Male Urethra. By E. L. Keyes, A.M., M.D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital Medical College, etc. pp. 348.

A Treatise on Foreign Bodies in Surgical Practice. By Alfred Poulet M.D., Adjutant Surgeon Major, Inspector of the School for Military Medicine at Val-de Grace. In two volumes. Vol. I, pp 271. Vol. II, pp. 320.

A Handbook of Physical Diagnosis, Comprising the Throat, Thorax and Abdomen. By Dr. Paul Guttmann, Privat Docent in Medicine, University of Berlin. Translated from the third German edition by Alex. Napier, M.D., Fel. Fac. Phys. and Surg. Glasgow. With a colored plate and eighty-nine fine wood engravings. pp. 344.

The above are the titles of the four first volumes sent us, of Wood's Library of Standard Medical Authors, for 1880, published by Wm. Wood & Co., 27 Great Jones street, New York. The whole series will comprise twelve octavo volumes of from 250 to 400 pages each, which will be sold by subscription only, at $15.00 a year. They are gotten up in first-class style, closely printed, on fine paper, and elegantly bound in muslin.

In the work on Veneral Diseases the author has presented in a clear and concise manner the views held at the present time by the highest authorities on the subject, together with such treatment as has been found most successful, avoiding as much as possible discussions on mooted points, and the display of long lists of remedies, which would only lead to confusion. Part I treats of the non-syphilitic venereal ulcer or chancroid, and its complications. Among the remedial agents which he recommends in this troublesome affection, iodoform heads the list. In part II, which takes up more than two-thirds of the entire volume, syphilis in all its relations is discussed with thoroughness. Especially are the sections on transmission by inheritance, methods of contagion and the duration of syphilis, and the question of marriage, very interesting. The author believes in the absolute curability of syphilis, and thinks that many cases would get well without any treatment whatever. Ordinarily he regards it as the best plan to wait until secondary symptoms are developed before beginning the administration of mercury, but he thinks that specific treatment should be continued for three or more years. Part III is devoted to gonorrhœa and its complications, and contains the most recent views on the subject. Forty-one wood engravings, illustrating pathological conditions, instruments, etc., are scattered throughout the work.

The treatise on Foreign Bodies in Surgery, by Dr. Poulet, we believe will be hailed with delight by every one engaged in general practice. Who has not, at some time or other, found himself utterly perplexed when called to see a child who has pushed a pea or a cherry stone into the ear, or perhaps swallowed a fish bone? In this work the subject of foreign bodies, as met with in various parts of the body, is discussed in a systematic way, beginning with a brief consideration of foreign bodies in general, after which foreign bodies of the alimentary canal, of the air passages, of the genito-urinary organs, of the ear, nose, and lastly, of the glandular canal, are taken up in succession, giving the nature of the bodies usually met with in each locality, the mode of their introduction, the symptoms produced, diagnosis, prognosis and treatment. The book contains numerous illustrations, chiefly of instruments for their removal.

In the Handbook of Physical Diagnosis, by Dr. Guttmann, the subject of general examination is, after a brief introduction, taken up and considered in its relation to temperature, changes in the color of the skin, condition of nutrition and of subcutaneous tissues. The author then proceeds to the examination of the organs of respiration, the organs of circulation, and the abdominal organs, adding an appendix on laryngoscopic examination and diseases of the larynx. Although nothing new is contained in this work, it furnishes the general practitioner with a larger amount of useful information in connection with the diagnosis of various forms of disease than any other single work with which we are acquainted, and the fact that it has been translated into most of the languages of Europe is perhaps the strongest evidence of its usefulness.

If the four volumes before us may be regarded as fair samples of what the entire series will be, it will make a valuable addition to any physician's library.

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ABSENCE OF MIND AS A SIGN OF INCIPIENT MENTAL DISEASE.

Among the diseases of modern life it is generally acknowledged that the forms of insanity hold a prominent and increasing frequency. The fact has indeed been discussed and doubted. It has been said that it is their recognition, rather than their actual increase, which has led to this statement. But the most recent investigators incline to the opinion that the growth of mental disease is real, and not apparent only; that it rests upon certain unhealthy conditions of modern society; and that probably it is destined to be yet more positive in the future.

If such is the case, the propriety of the study of mental hygiene will force itself more and more on the profession and the public. Little has been done, so far, in this direction. One class of writers maintain that the prime condition, and almost the only one, required to secure a healthy mind is to have a healthy body; unmindful of the fact that there are scores of lunatics in every large asylum who, so far as their apparent physical condition is concerned, would be received as first-class risks by any insurance company in the land.

The true principles for the preservation of mental health must be drawn from an attentive study of the physiology of the mind, as well as its pathology. The workings of the mind in health give many hints as to the tendencies which, if allowed to gain the upper hand, lead it insensibly to disease. Perhaps no one trait illustrates this better than the common one of "absence of mind," as it is termed, meaning by this generally that form of waking action which is carried on unconsciously.

Closely allied to it, indeed, merely a form of it, is the process of "unconscious cerebration," which of late years has occupied so much the attention of physiologists. They have demonstrated that often the greater part of our actions are carried out by voluntary effort wholly independent of consciousness. We walk, write, eat, and do a thousand common things, without being in the least aware of the different efforts which we require to perform them. Were we to direct our attention to each of these efforts singly, we should accomplish very little, and the fatigue would be immensely greater. It is habit that facilitates our labors to such an amazing degree.

While it is essential to skill that the muscles must thus work unconsciously, the moment they assert, as it were, their independence of self-consciousness, and prompt to the initiation of efforts outside of what they have been taught, a pathological condition is begun, which we call "absence of mind." Such a habit begins in little things, more generally by an omission than a commission. Thinking of something else while dressing, a part of the toilet is overlooked, the necktie is forgotten, the wrong coat is put on, the hair is unkempt.

Soon, as the habit increases, absurd and even harmful acts are committed. The collections of anecdotes are full of stories of such follies. We knew an able young lawyer who, instead of pouring a tonic from a bottle on his desk, carefully emptied the ink from his inkstand into a spoon and swallowed it! Another, an ex-Attorney General

of the United States, went on a fortnight trip to attend an absorbing legal case. His wife packed a half dozen shirts in his portmanteau. On his return there were no shirts visible. Pushing her inquiries, she found that her husband had regularly donned a clean shirt every other day, as was his wont, but had forgotten to take off the soiled one, and now returned wearing the whole half dozen!

An authentic anecdote of the great political economist, Adam Smith, tells us that when called upon to sign a contract, instead of writing his own name he made an elaborate imitation of the signature of the other party, which had already been affixed.

Such incidents tend to depreciate a man, though perhaps unjustly, in the opinion of those with whom he does business. They become, also, a grave annoyance to the individual himself. In a sense, they are mental weaknesses which, pushed to a certain degree, pass into mental diseases. Senility and insanity are not unfrequently marked by automatic actions, carried out without the will or consciousness of the doer. The absent-minded one, like the sleep-walker, performs actions without knowledge of them, and neglects duties which are pressing. Justly, therefore, it is a source of anxiety with every thoughtful person when he finds himself falling into this bad mental habit.

It is usually gradual in its onset, stealing over one in moments of intense occupation. Unlike many other mind weaknesses, it is not the foe of the idle man so much as the busy one. Yet habits of revery and day dreaming may also bring it about. Wrapped in the enchanting vocation of castle-building, one may forget that his house should stand first in his thoughts.

Those who feel this habit creeping over them will do well to make an early and special effort to resist it. It can be conquered by a habit of attention, and by a severe self-chiding when the mind yields to it. Ruskin, who has said many wise things about self-culture, recommends the absent-minded man to take a sea voyage, not as a passenger, but as a sailor, as then his very life will depend on his constant attention to his surroundings. To quote his own beautiful expression—

"Ocean-work is wholly adverse to any morbid condition of sentiment. Reverie, above all things, is forbidden by Scylla and Charybdis. By the dogs and the depths, no dreaming! The first thing required of us is presence of mind. Neither love, nor poetry, nor piety, must ever so take up our thoughts as to make us slow or unready. In sweet Val d'Arno it is permissible enough to dream among the orange blossoms and forget the day in twilight of ilex. But along the avenue of the waves there can be no careless walking."

Notes and Comments.

Therapeutical Notes.

GUARANA IN THE TREATMENT OF EPISTAXIS.

At the session of the Cincinnati Medical Society, February 17, 1880, Dr. John Davis spoke of plugging, the use of astringents, etc., in epistaxis, but dwelt chiefly on the beneficial effects of guarana, which he thought exerted an inhibitory influence on the cranial circulation. He had given the elixir of guarana for epistaxis, in half a tablespoonful doses every hour. In one hour after the remedy had been commenced the bleeding had grown much less, and in another hour it had ceased altogether.

REMEDY IN THE NIGHT SWEATS OF PHTHISIS.

We notice in *Allgem. Med. Central Zeitung*, that Dr. Köhnhom has found the following to be a most efficient application for arresting night sweats:—

R.	Acid. salicylic,	parts 3	
	Amyli,	parts 10	
	Talci,	parts 87	M.

The entire body should be dusted with this powder before retiring to bed.

BENZOATE OF SODA IN GONORRHŒAL OPHTHALMIA.

The *Lyon Med.*, March 7th, tells us that Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of the benzoate.

TONIC GLYCERINE.

The *Medical Times and Gazette*, April 24th 1880, mentions that for patients who cannot take cod-liver oil, Dr. Larmaude finds what he calls "tonic glycerine," an excellent substitute: pure glycerine 300 grams (℥ x), tincture of iodine 30 drops, iodide of potassium 30 centigrams (gr.v). A tablespoonful a quarter of an hour before each meal. The appetite soon returns, and constipation, when present, soon disappears. For children and delicate persons he employs 50 grams of syrup of raspberries and 250 of glycerine.

What Candies Contain.

A correspondent sends us the following abstract from one of the New York dailies:—

Dr. Williams, of Chicago, who has found more and worse things in common articles of food than would easily be believed, has been looking for glucose in candy, with results which must strike dismay to the stomachs of candy eaters. One sample of molasses candy was *all* glucose, some caramels had 80 per cent., and cream candy, with 12 per cent. glucose, was nearest pure.

Now, glucose may be both palatable and wholesome, and as legitimate an article of manufacture and sale as any sweet that ever came from Cuba or Louisiana. Unfortunately, that is not the kind of glucose made in this country. Dr. Kenzie, President of the Michigan Board of Health, and Professor of Chemistry in the Michigan State College, found glucose in syrup bought at random, and in the glucose were, among other things, lime, sulphate of iron and copperas. Prof. Mariner found glucose to contain lead and free sulphuric acid, or oil of vitriol. Dr. Williams endorses the statements from his own analyses, and adds that a different result can scarcely be hoped for so long as the process of manufacture continues to be to boil corn starch with oil of vitriol, and mix it with lime. These are facts which it very much concerns people to know, and which are more than sufficient basis for legislation. People should be protected against the possibility of even willfully putting such unwholesome stuff in their stomachs, even if it is cheap and pleasant to the eye and tongue. What seems to be needed is some such law as was passed in the case of oleomargarine—that is to say, sellers should be compelled to state distinctly whether they sell glucose or sugar, so that buyers may make an intelligent choice, and may not unaware get one when asking for the other. Unless something of that sort is done the sugar refiners must make glucose, to protect themselves against ruinous competition. Indeed, there are indications that a movement of that kind has already begun, for the Detroit papers give the details of the establishment of a "sugar" factory, by men of names prominent among the sugar refiners of this city, which is to begin with the consumption of 3000 bushels of corn daily, making 45 tons of glucose in the same time. And a Chicago factory is being planned, with a daily capacity of 20,000 bushels.

Endocarditis Obliterans.

We learn, from the *Medical Times and Gazette*, of an interesting contribution to the pathological anatomy of visceral syphilis which has recently been made by Dr. Ehrlich, of Berlin.

In a fatal case of constitutional syphilis the heart was found to contain numerous foci of disease which might be briefly described as "gummata." Some of these masses were of a deep red or hemorrhagic appearance; others were whitish, or whitish with a hemorrhagic boundary. The origin of these "gummata" was found by Ehrlich to be endarteritis syphilitica obliterans, affecting the smaller vessels—both veins and arteries—in the neighborhood as well as in the centre of the masses. That the obstruction and finally the occlusion of the vessels had been the primary disease, and was not an effect of the other disease, was proved by the appearance of the muscular fibres within the region of the "gumma," which were uniformly and considerably atrophied. In short, the foci of disease were infarcts—partly hemorrhagic and partly anæmic.

Rare Form of Skin Disease.

The *British Medical Journal* informs us that at the meeting of the Pathological Society of London, held April 20th, 1880, Mr. Morrant Baker narrated the case of a woman, aged 53, who presented numerous large, rough warts, deeply pigmented patches, in various parts of the body, but especially on the extensor aspect of the limbs. The patches itched very much, but did not discharge. The disease had lasted for two years and a half. The disease was essentially of a papular or tubercular nature, the large patches being formed by the confluence of a number of tubercles. The skin between the patches was also deeply pigmented. At the elbows, the disease looked like lichen ruber; elsewhere it was more like psoriasis or prurigo. He thought that probably the case ought to be looked upon as belonging to the class to which the President had given the name "lichen psoriasis."

A Correction.

In the report of *a Case of Early Viability*, by Dr. Chas. C. Odlin, of Exeter, N. H., published in the REPORTER, March 20th, a mistake of dates occurred which gave rise to comments from some of our correspondents. Dr. Odlin presents his thanks to those who have brought the mistake to view, and requests us to substitute the dates July 11th and July 17th for those of January 11th and January 17th. He further states that the infant died a day or two after his report was written.

CORRESPONDENCE.

Does the Continued Use of Acid Phosphate Induce Urinary Concretions?

ED. MED. AND SURG. REPORTER:—

A short review of the results obtained by the investigation of zoo-chemistry on the causes of this disease may best serve as an answer to this question, which since the death of the ex-Emperor of the French has been put to us quite often by both the lay and scientific public. As well known, physicians distinguish between gravel and calculi, the former having the appearance of white or red sand, the latter of stones of more or less size. The analysis of these concretions, as well as clinical experience, have demonstrated beyond a doubt that their most important and perhaps only cause must be sought in a degeneration of the secretions of the vesical mucous membrane, and that where their occurrence is habitual, it always indicates a state of a severly disordered constitution. Whether the urinary concretion that is formed consists of uric acid, urate of ammonia or earthy phosphates, depends, according to Scherer, solely upon the nature of the fermentative process induced by the condition of the vesical mucus. Clinical analysis of numerous calculi has proven that, in the majority of cases, a clot of mucus forms the nucleus or the first formative basis. Morever, the inner layers of most calculi contain uric acid, while the outer ones contain urates or earthy phosphates. Prof. C. G. Lehmann, in his excellent Physiological Chemistry, says on this subject (Vol. II. page 412), "All who have examined the constitution and formation of numerous urinary concretions, more especially of the larger ones, must be led almost involuntarily to the adoption of Scherer's view. Even the mulberry calculi, which undoubtedly contain a very large proportion of oxalate of lime, but probably never consist solely of this substance, furnish additional corroboration in support of this mode of explanation, for they always contain a large quantity of uric acid, and frequently constitute the nucleus of larger earthy concretions."

Moreover, the majority of urinary concretions consist mostly or wholly of uric acid. The ordinary variety of red gravel, for instance, consists almost exclusively of this acid. Urates with an alkaline or earthy basis have only been discovered as admixtures of uric acid sediments, thus showing that there must be a predisposition to the formation of this secretion. Phosphatic concretions occur much less frequently than those mentioned, and even less so than the so-called mulberry calculi, and when they occur ("they appear to be deposited from the urine simply from the development of free alkali, either owing to the decomposition of the urea, or to excess of alkaline matter introduced from without.")* Phosphatic salts are also common in the calculi of herbivorous animals, arising from the great alkalinity of their food. Hence, it is evident that the proper use of acid phosphate will as little induce the formation of urinary sediments as the administration of saccharine substances will induce diabetes mellitus. On the contrary, in cases like that just mentioned, they will form a most valuable preventive, and wherever, by paralytic affections of the bladder, the mucus secreted from it cannot be thrown off, on account of deficient contractility, but adheres and begins to be decomposed, the use of phosphates can only be of great benefit. Of all urinal bodies conveyed into the organism, there are none more attractive and retained by the tissues than the phosphates. Every physician knows that rachitis frequently if not always occurs simultaneously with the period of dentition, and during pregnancy the consumption of phosphate of lime is so great that the urine exhibits scarcely any traces. During this period of woman's life fractures heal, if at all, only with extreme difficulty. And wherever free acids occur in the parenchyma of the organs, as Prof. Lehmann has proven, acid phosphates are invariably present, or where an acid reaction cannot be directly recognized phosphoric acid is always met with, either conjugated or simply combined with casein, globulin or glycerine.

New York City. ADOLPH OTT.

* Prof. W. A. Miller, "Organic Chemistry."

Some Remarkable Immediate Effects induced by the Application of the Metals and the Magnet.

ED. MED. AND SURG. REPORTER:—

This subject has attracted much attention, particularly in France, through the experiments of Messrs. Burq, Charcot, and Dumont-Pallier, but is yet sub-judice.

In this communication we intend to recall several cases observed in Professor Charcot's service at the Salpetrière, and one, in which we became much interested, in Professor Hardy's service at La Charité.

In several cases of color blindness, occurring in hysterical females, M. Charcot applied around the forehead and eyes elastic bands with metal coins sewn in; the greater proportion of the patients could distinguish but one color only, and everything appeared to them of this color; as M. Charcot has shown, certain colors are retained longer than others, and when the vision of the patient returns, the colors return in regular order, the last color lost being the first to return, etc.; this fact is also evident when the colors return after the application of metals, and is considered a valuable means of detecting simulation of color blindness.

Professor Charcot demonstrated that the per-

ception of colors returned in regular order in several hysterical patients, after a short application of the metallic band: in hysterical anæsthesia the effect was remarkable; in several patients the local insensibility was so complete that a large needle was forced through the integuments without provoking the slightest evidence of pain; metallic bands were placed on the arm, and in a very short time the slightest pinch was noticed by the blindfolded patient; but singular to relate, anæsthesia had, in the meantime, affected the other arm. This phenomenon of "transfert" was rendered evident to all present, and though its existence has been denied by Carpenter and other English physiologists, it is undoubtedly seen in clinical cases. In several cases of the fixed, rigid, contracted limbs seen in hysteria, the application of the magnet causes the "transfert" of the contracture, etc., to the opposite limb: a remarkable case of this kind in a hysterical patient with a rigid, contracted forearm, which had been in this state for several months, was presented by M. Charcot; a large horse-shoe magnet was placed near to, and with the poles turned toward, the affected arm; movement gradually returned in the arm, but the other became rigid and fixed; the patient had a very natural repugnance to the application, for it was the left arm which was primarily affected and it was thus transferred into the right; after a few months' treatment, principally by the metals and the magnet, the contracture disappeared.

In a case of hysterical chorea, the direct and immediate results of the application of the magnet were even more remarkable. A young woman entered the service of M. Hardy, at La Charité, with violent choreic movements of both arms; the hands being so violently dashed against the breast, that a thick layer of cotton wool had to be applied over the chest. It was found that there was complete hemianæsthesia, and that when the eyelids were held over the eyes for a few minutes the choreic movements gradually ceased and the patient fell into a state of hypnotic slumber, from which she was easily awakened. The hemianæsthesia, however, remained. On the application of the magnet to the affected side, "transfert" occurred as usual, but if the eyes were shut the patient fell into a state of hypnotic lethargy and remained thus as long as the magnet was in situ; the respiration, circulation and temperature were not modified while the patient was in this state; and M. Landonzy applied the magnet thus to relieve the patient of the pains (clavus hystericus, etc.,) she suffered.

Such are a few of the remarkable effects attending the employment in pathology of the metals and the magnet; wide experience alone will fully determine their value in therapeutics.

Worcester, Mass. M. J. Halloran, M.D.,
Ex-Elève in the Paris Hospital.

—William Sharpey, M.D., LL.D., F.R.S., died at his residence in Torrington Square, April 11th, at the age of seventy-eight years. He was Professor of Anatomy and Physiology in University College, London, from 1836 till 1874 when he retired. He was also a member of numerous learned and scientific societies.

News and Miscellany.

American Medical Association.

The Thirty-first Annual Session will be held in the city of New York, on Tuesday, Wednesday, Thursday and Friday, June 1, 2, 3, and 4, 1880, commencing on Tuesday, at 11 A.M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in their respective State Societies*, and from the Medical Department of the Army and Navy of the United States.

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of medical societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Sections.—"The chairmen of the several sections shall prepare, and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections. * * * *"—By-Laws, Art. II, Sec. 4.

Practice of Medicine, Materia Medica, and Physiology: Dr. J. S. Lynch, Baltimore, Md., Chairman; Dr. W. C. Glasgow, St. Louis, Mo., Secretary.

Obstetrics, and Diseases of Women and Children: Dr. Albert H. Smith, Philadelphia, Pa., Chairman; Dr. Robert Battey, Rome, Ga., Secretary.

Surgery and Anatomy: Dr. W. T. Briggs, Nashville, Tenn., Chairman; Dr. C. Powell Adams, Hastings, Minn., Secretary.

Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene: Dr. Jas. F. Hibberd, Richmond, Ind., Chairman; Dr. Thos. F. Wood, Wilmington, N. C., Secretary.

Ophthalmology, Otology and Laryngology: Dr. Bolling A. Pope, New Orleans, La., Chairman; Dr. Eugene Smith, Detroit, Mich., Secretary.

The following Committees are expected to report:—

On Prize Essays: Dr. Austin Flint, New York, Chairman.

On Necrology: Dr. J. M. Toner, Washington, D. C., Chairman.

On Catalogue of National Library: Dr. H. C. Wood, Pa., Chairman.

On Ozone: Dr. N. S. Davis, Chicago, Ill., Chairman.

On Metric System: Dr. T. Parvin, Indianapolis, Ind., Chairman.

On State Medical Societies: Dr. S. D. Gross, Philadelphia, Chairman.

To be acted upon: Changes in By-laws proposed by Committee on the address of the President.

1. Expunge from Section III everything relating to Prize Essays, and the Committee on Prize Essays.

2. Introduce into Section II the following laws:—

PRIZE ESSAYS.

a. There shall be four annual prizes of two hundred and fifty dollars each, which shall be awarded at the close of the second year after announcement, as hereinafter explained, for strictly original contributions to medical and surgical progress.

b. It shall be the duty of the chairman of each of the following four Sections—1. Practical Medicine, Materia Medica, and Physiology; 2. Obstetrics and Diseases of Women and Children; 3. Surgery and Anatomy; 4. State Medicine and Public Hygiene—to appoint annually, before the adjournment of the meeting of the Association, three members of ability and good judgment, who shall constitute a Committee of Selection, and who shall, within thirty days thereafter, select and publicly announce for competitive investigation and report, a subject belonging to one or other of the branches of medicine included in the title of the Section.

c. It shall also be the duty of the chairman of each of the Sections mentioned to appoint annually a Committee of Award, consisting of three experts, who shall carefully examine the essays offered for competition, and if any one shall be found worthy of the prize, as a substantial contribution to medical knowledge, to recommend the same to the Association.

d. All essays placed by their authors for competition shall be in the hands of the Chairman of the respective Committees of Award on or before the first day of January preceding the meeting of the Association at which the reports of the committees are required to be made.

e. All Prize Essays shall be considered as the property of the Association.

f. The names of the authors of the competing essays shall be kept secret from the committees, by such means as the latter may provide.

g. Membership in either of the two committees shall not debar from membership in the other; nor shall membership in the Committee of Selection exclude a member from the privilege of offering a competing essay.

Amendments proposed by Dr. John H. Rauch.

AMENDMENT TO THE CONSTITUTION.

Article II, second paragraph, after "Army and Navy," insert "and the Marine Hospital Service of the United States."

Article II, fourth paragraph, at the end, insert, "the Marine Hospital Service of the United States shall be entitled to one delegate."

Will you kindly send to the undersigned a list of your members, with their residences, in order that a correct record may be made of all who are in affiliation with this body?

W. B. ATKINSON, M.D.,
1400 *Pine St.* *Permanent Secretary.*

Wanted.—Part xvi, July, 1875, of the Compendium, for which $1.00 a copy will be paid, at this office.

Medical Society of the State of Pennsylvania.

The Thirty-first Annual Session will be held in Altoona, on Wednesday, Thursday and Friday, May 19, 20, 21, 1880, commencing on Wednesday, at 11 A.M.

The following may be expected—

The Address in Medicine, by Dr. Thomas W. Shaw, of Pittsburg.

The Address in Obstetrics, by Dr. John T. Carpenter, of Pottsville.

The Address in Surgery, by Dr. John H. Packard, of Philadelphia.

The Address in Hygiene, by Dr. Benjamin Lee, of Philadelphia.

The Address in Mental Disorders, by Dr. Isaac N. Kerlin, of Media.

The following Committees are to report:—

On Medical Legislation, Dr. R. L. Sibbett, Chairman.

On State Board of Health, Dr. W. B. Atkinson, Chairman.

On Epileptics who have become Insane, Dr. John Curwen, Chairman.

On Status of Dr. Seiler, Dr. Traill Green, Chairman.

ORDINANCE (*adopted* 1877).—No annual address, save that of the President, shall, in its delivery, exceed *thirty* minutes. No voluntary paper shall exceed *twenty* minutes. Opportunity for debate shall be furnished immediately after the reading of each address or paper. The time for such debate shall be limited to *thirty* minutes, unless extended by vote of the Society. No speaker shall be allowed to speak a second time without the consent of the Society, and the time allotted to each speaker shall not exceed *ten* minutes.

Secretaries of County Societies are earnestly requested to forward at once to the Permanent Secretary complete lists of the names and residences of their officers and members.

All who propose to attend the session at Altoona should apply to the undersigned, with stamp, for orders for excursion tickets. The lines of the Pennsylvania Central and of the Philadelphia and Reading Railroad will carry excursionists to the session at reduced rates.

WM. B. ATKINSON, *Permanent Sec'y.*
1400 *Pine Street, Philadelphia.*

Night Medical Service.

A bill for the organization of a night medical service in New York city has been introduced into the Legislature. The bill is divided into eight sections. The first provides for the registry, by the captains of the several police precincts, of the names and addresses of all physicians in good and regular standing within their jurisdiction who shall make application for such registry. But such lists must be submitted to the Registrar of Vital Statistics of the Board of Health, whose duty it shall be to pass upon the regularity of each name, and to transmit a certificate to the effect that the physician named therein is in good and regular standing. Upon receipt of such certificate, the name of the physician is posted upon the precinct bulletins, and he becomes liable to night medical calls. The fee is fixed at $3, to be paid

by the Cashier of the Board of Health, and the night physician may call an expert, surgical or medical, in council, when the urgency of the case demands it. The expenditure is limited to $3000 per year. The bill is accompanied by a petition praying for its passage, which is signed by the leading members of the profession.

Renunciation of Homœopathy.

The Pacific Medical and Surgical Journal, April 17th, remarks—

Some time ago we mentioned the fact of the County Hospital at Sacramento being placed in the hands of the homœopaths. Among the drugs used by them and paid for by the city, according to the published statement of Dr. Tyrrell, were 1450 two-grain quinine pills and three pounds of salicylic acid, supplied by one druggist, and 300 two-grain quinine pills, one ounce of quinine and a considerable quantity of morphia, by another. In fact, the medicine bill was so high, that from this cause, in part, the authorities removed the homœopathic doctor and appointed a "regular." It is time for homœopaths to throw off the mask with which they have been deceiving the public, and to make an honest confession that they cannot cure disease without resorting to the regular system.

A Monstrosity.

According to the Cincinnati *Gazette*, a lady at or near Nashville, Miami county, Ohio, gave birth, on April 9th, to a still-born male child having a face resembling a bulldog, but otherwise fully developed. It seems that the mother, at the period of two months' gestation, had received a fright, caused by her husband shooting a bulldog, and the child was delivered at seven months. The countenance is an almost exact imitation of a bulldog, with hare lip, flat nose, flattened eyes, large mouth, and the head set upon the shoulders with no development of neck. There was a peculiar hole in the back of the head, said to be at the same position where the bullet struck the dog, and on the back of the child is a mark like that left on the neck of the dog by the burning of the powder. Dr. Senour, of Troy, who attended the lady, has the child preserved in alcohol.

Quintuple Birth.

A woman living near New Glasgow, N. S., recently gave birth to five children, all of whom have, however, died since. Dr. P. D. Keyser, of this city, has exhibited to us a photograph of the quintuple babies lying side by side in their "little bed." The photograph was sent him by Dr. Hyde, of Truro, N. S., who stated that the children would probably have lived, if they had had any chance. The parents were extremely poor, and lived six miles away from where anything could be got for them. There was nothing in the house to even wrap them up in, and the Doctor had to take the blind of the only window to make bandages.

Domestic Lighting.

The *Lancet* informs us that Dr. Phipson has succeeded, to a considerable extent, in solving the question of economical lighting of dwellings. This is accomplished by increasing, by a weak electric current, the phosphorescence of certain substances influenced by the solar rays. For example, sulphide of barium is enclosed within a Geissler tube, through which a constant current of a given intensity is made to pass. By this means, it is asserted, a uniform and agreeable light may be obtained, at a cost less than that of gas.

An Epidemic of Chorea.

A singular calamity has befallen the Ursuline Convent, in Brown county, Ohio. The trouble is the breaking out, in epidemic form, among the pupils, of St. Vitus' dance. The malady made its appearance two or three weeks ago, but was not considered serious until within a few days, when, finding that it had become epidemic, and in one case, at least, had resulted fatally, the parents of the pupils were requested to remove their children.

QUERIES AND REPLIES.

C. A. L., Philadelphia.—We refer you to the Surgeon General, U. S. A., and the Chief of Bureau of Medicine and Surgery, U. S. N., Washington, D. C.

B. H., of Cuba, N. Y.—Gall-stones are, according to Greene's Medical Chemistry, usually of a light brown color, greasy to the touch, and so soft that they may be readily crushed. We do not know whether there be any exception to this rule; perhaps some of our readers may enlighten us on the subject.

W. R. M., of Mississippi, writes:—In answer to query as to treatment of chronic nettle rash, try Seidlitz powders. When a boy I suffered greatly from nettle rash; I remember well how deathly sick it made me, and the two or three doctors in attendance during these spells plied my poor stomach with:

"Physics of high and low degree,
Calomel, catnip, boneset tea."

Having an attack in Mobile, after I was grown up, I was fortunate enough to fall into the hands of the late Dr. J. C. Nott, for treatment. He prescribed for me Seidlitz powders, and they acted like magic. While not recommended as a cure-all, the remedy is simple, pleasant, and certainly worth trying.

C. H. M. requests us to inform Dr. S. D. P., of Ill., that Dr. G. J. Fisher, of Sing Sing, New York, published a work on Maternal Mental Emotions, a reprint from Vol. xxvi of the American Journal of Insanity, January, 1870. Roberts, publisher, Utica, New York.

MARRIAGES.

ALLEN—TOWNSEND.—In New York, on Wednesday evening, April 28th, 1880, at the Church of the Annunciation, by the Rev. T. W. Allen, M.A., Rural Dean of Durham and Rector of Cavan, Canada, assisted by the Rev. William Jones Seabury, A.M., D.D., Dr. Thomas Herbert Allen and Blanche Douw, third daughter of the late Dr. John F. Townsend, of New York.

PORTER—HOBART.—On the 21st ult., at Fairfield, Connecticut, by the Rev. James K. Lombard, William G. Porter, M.D., of this city, and Susie M., daughter of Edmund Hobart, Esq., of Fairfield.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1212.] PHILADELPHIA, MAY 22, 1880. [Vol. XLII.—No. 21.

Original Department.

Lecture.

LEAD POISONING.

A Lecture Delivered at the Philadelphia Hospital, November 12th, 1879,

BY DR. WM. PEPPER,

One of the Physicians to the Hospital, and Professor of Clinical Medicine in the University of Pennsylvania.

Gentlemen:—To-day I wish to ask your careful attention to this interesting case. We have here a girl, 22 years old, single, and who has been engaged as a chambermaid. She was admitted to the hospital some time ago, and has a somewhat uncertain history, but we may exclude entirely any suspicion of syphilis. It appears, from her history, that for a long time, dating back more than two years, she has been in the habit of employing, as a cosmetic, carbonate of lead, or white lead. She applied it every day, simply rubbing it over the face. She first noticed that her arms were becoming weak. She was admitted to the hospital with a double wrist drop. At the end of four months she had recovered sufficiently to leave the hospital, the extensors of the forearm acting normally. For two months after leaving she continued well, but at this time, after being exposed to cold and damp, she suffered from a severe attack of neuralgic pain in the stomach. She says that she has not used the lead since her first attack. Three weeks after the attack of colic she noticed tingling pains in the arms, and the arms grew weaker and weaker, until, at last, she again had a double wrist drop.

When she came into the hospital this last time we found extreme constipation, marked double wrist drop, failure of power in the arms, and in addition to this, a blue line at the insertion of the teeth, but without any cerebral symptoms, no mental disturbance, nor pain about the head. She has had several attacks of colic.

Leaving the history, let us study her present condition. All the time that she has been in the hospital her mental condition has been good, nor has there been any disturbance of the cranial nerves. Her tongue is perfectly clean. The bowels are now regular. Examining the teeth, I find them very much discolored, either from want of cleanliness or stained by something that has been taken. The gums are slightly fungous and swollen, and have receded considerably from the neck of the teeth; this is more marked on the upper jaw. There is an imperfectly developed blueish-red line at the junction of the gum with the teeth, more especially opposite the canines and premolars of both sides, but most marked on the left side of the upper jaw. This blue line is very characteristic.

Examining her arms, you see that she has power over her biceps, and is able to flex the forearm upon the arm, and also over the triceps, extending the forearm. She does not seem to have any power over the deltoid, to raise the arm over the head. Now, let us at once see whether this is due to a loss of power in the muscle or to adhesions in the joint. Moving the arm in different directions, it seems to move freely in the glenoid cavity, but you see that this causes her intense pain. I desire you to notice this extreme sensitiveness, which has been a marked feature throughout the attack. You will observe, then, that there is great loss of power in the deltoid and the scapular group of muscles.

When we come to study this more carefully we find that on both sides the deltoid muscles are considerably wasted. The atrophy is more marked upon the left than upon the right side. She has good power of pronation and supination. The flexors of the hand upon the forearm work well. The extensors of the fingers and of the hand upon the forearm are, on the left side, entirely paralyzed, but on the right the paralysis is not so great. We have, then, great pain on moving the arm, but no adhesion in the joint, marked loss of power of the wrist and arm, with retention of power in the flexors. The paralysis of the extensors of the right hand is not so great as on the left side, for she can raise her right hand to the horizontal position. The paralysis was complete on this side when she came in. When I press upon the trunks of the nerves in the arm, she complains of severe pain. This same tenderness has extended to a considerable degree over the chest. There is no weakness or pain in the legs. The heart's action is rapid, but free from murmur. Here, then, is quite a complicated case, presenting some very marked conditions for our consideration and treatment, and we must try to arrive at a precise knowledge of its course and development.

We have here a symmetrical involvement of the nerves of the arms. This evidently does not come from any cerebral or spinal lesion. All the functions of the brain and cranial nerves are preserved. The loss of power and tenderness do not extend below the lower border of the ribs, the lower part of the abdomen and legs being entirely free from any evidence of nerve trouble. We see that the trouble is connected with the brachial plexus of each side. If we look at the distribution of the nerves forming the brachial plexus, we will find that only some of them are here involved, particularly the circumflex and branches of the musculo-spiral; but in addition to this, we find that evidently some of the sensory nerves are involved, as is shown by this extreme hyperæsthesia of the skin and by the soreness on pressure. This, although more marked over the nerve trunks, is not limited to these situations. This cutaneous hyperæsthesia is particularly marked over the distribution of the musculo-cutaneous nerve. The muscles that control the extension of the hands have been completely paralyzed, and we also find that the bodies of the muscles are almost completely atrophied. We have, then, to deal with a neuritis of both brachial plexuses, affecting not only the motor branches, but also the sensory branches.

Before going on to study the exact condition of the muscles, we must try to find out what has been the cause of this neuritis. Last week I showed you a case of neuritis resulting from traumatic causes. Again, syphilis is one of the most fruitful causes of neuritis affecting certain nerves. So common a cause is it, that, when you have a lesion singling out certain nerves, you must always investigate the history for syphilis. In this case we may exclude it. Another frequent cause is rheumatic inflammation, which, as we all know, affects the fibrous tissues all over the body, and it frequently affects the fibrous sheaves of the nerves, giving rise to marked neuritis. The history of this case goes to show that there has been no other rheumatic manifestations, and the case does not seem to be connected with anything that would give rise to rheumatism. Another very common cause of neuritis affecting certain nerve trunks, is poisoning from certain minerals, and especially from the absorption of an excessive quantity of lead into the system. Your attention will have been already directed to this case as one of lead-poisoning. Let us, then, carefully study it, and see if this is its origin.

The absorption of lead may take place from any surface—from the mucous membrane of the respiratory passages, by the inhalation of vapor of lead or of dust containing particles of lead; from the mucous membrane of the stomach, by being ingested in drinking water or food, or when taken as a medicine; from any of the other mucous surfaces, as those of the rectum and vagina, when lead is administered in suppositories; from the skin, when lead ointments are applied to the skin for a long time, or, as in this case, when it is applied in the form of a powder.

The symptoms of lead poisoning are very extraordinary, and would almost seem, at first sight, contradictory. Perhaps the most common and striking result of lead poisoning is lead colic, a violent, paroxysmal, painful affection of the abdominal nerves, the pain being seated at or about the umbilicus, and of an intense, twisting, griping and binding character. This pain is usually relieved by firm pressure, so that the patient will often be found pressing upon the painful part, or leaning over a chair with the back pressing firmly against the abdomen. It does not seem, therefore, that the pain is caused by inflammation. While there is this intense pain, evidently of a neuralgic character, there is also marked evidence of paralysis of the muscle of the bowels, so that obstinate constipation is invariably present. We usually find vomiting also present. Where we meet with a case having

these symptoms, with no evidence of indigestible matters having been taken, or of the passage of gall stones or of renal calculi, and the patient had been exposed to the action of lead, they would be very significant of lead poisoning. In other words, where you had a history of constipation, colic and vomiting, without any jaundice, without blood in the urine, and without any disturbance of digestion, you would strongly suspect lead poisoning.

In addition to these attacks of colic, we have other evidences of the absorption of lead. One of the most marked is the appearance on the gum, particularly that of the upper jaw, at its junction with the teeth, of a blue line. This line, from the fact that it was first pointed out by Burton, of Leeds, is sometimes called Burton's blue line. It is an important diagnostic lesion when present. In some cases it is absent. There are other conditions of the system in which a similar line appears. In certain of the irritative stages of phthisis, a reddish line, differing in hue from the lead line, may appear upon the gum. These have been mistaken for the lead line. A few years ago, I demonstrated that, in nitrate of silver poisoning, a line scarcely distinguishable from the lead line appears. In the last two cases it is found that the discoloration depends upon the deposit of salts of lead or silver, formed by the action of the gases and acids derived from the decomposition of the juices and particles of food retained in the mouth. These salts, deposited upon the surface of the gum, gradually enter into the epithelial cells, so that by cutting out a piece of the mucous membrane, hardening it and examining it under the microscope, I have been able to show that the deposit enters into its deeper layers. It is possible that other substances may produce a similar line on the gums, but where we have a suspicion of lead poisoning, it is an important evidence. This girl has the blue line.

Going further, lead poisoning shows itself, in the next place, by a very strange selective affinity for certain nerve trunks and certain muscles, and evidently, on being absorbed, it is deposited in the muscular substance and the extremities of the nerve filaments of these parts. The first muscles involved are almost invariably the extensor muscles of the forearm. In consequence of the paralysis of these muscles, we have the characteristic symptom of wrist drop. From the fact that this affection occurs frequently in painters, it was formerly believed that it affected these muscles because they were used more than the other muscles. This is not the reason, for we find that it affects the left side as well as the right, and that it makes no difference what the occupation is, nor how the poison is absorbed. It is not only the extensors of the hand that are affected. About ten years ago there was a remarkable case of long continued lead poisoning under my care, which finally ended in death. The patient was paralyzed from the shoulders downward. After death I extracted lead from every portion of that patient's body. The lead, then, has an especial affinity for the muscles named, but when the saturation is extreme it will involve other muscles and other nerves.

When we come to consider the condition of the arm in lead palsy, we usually find that it is a painless affection. We do not find that it is due to a distinct neuritis, but that it is probably owing to the sedative influence of the lead upon the muscles and nerves. This is not always the case, for not only may we have palsy, but we may also have neuralgia depending upon lead poisoning. I have seen severe neuralgia of the cranial nerves, of the sciatic nerve, and of the brachial plexus, caused by and dependent upon lead poisoning. This double action, affecting the motor nerve, producing palsy, and the sensory nerves, producing neuralgia, is a singular and somewhat contradictory fact. We have seen an example of this action in the colic, where, in connection with the severe neuralgia of the nerves of the bowels, we have paralysis of its muscles.

It is evident that in this case we have a neuritis, as is shown by the marked tenderness over the nerve trunks, the tingling pain and the intense cutaneous hyperæsthesia. The question now arises whether or not this neuritis is dependent upon the action of the lead. We have here a history of long continued use of carbonate of lead, an unmistakable history of lead colic, with intense abdominal pain, vomiting and constipation; we have the blue line upon the gums; and lastly we have recurrent attacks of wrist drop. Under these circumstances we must regard her system as saturated with lead, and we must ascribe most of the symptoms to the action of the poison; but whether or not the patient has also contracted a double neuritis, from cold, is open to discussion; but it appears to me that where we have this complete history of lead poisoning, it is more reasonable to explain the sensory phenomena as due to the lead, than to refer them to the exposure. This case well illustrates the poisonous nature of this substance.

Looking at the muscles of the arm, we find that they have not only been paralyzed, but also

that their nutrition has been seriously interfered with. In the first place, as regards the action of the muscle toward electricity, after lead poisoning. The power of contracting under electrical stimulus is preserved for a short time after the muscle is paralyzed; but unless proper treatment is instituted the power of responding is quickly lost. I am now using a pretty strong current on the muscles of this left arm, but I obtain very feeble twitches. The muscles on the right side contract better, but their power is also much impaired. The extensors of the thumb act better than the common extensor of the fingers. The flexors contract powerfully. Soon after the power of responding to the Faradaic current disappears, the nutrition of the muscle suffers to a marked degree, and the muscle rapidly wastes, so that in prolonged and bad cases of lead poisoning the body of the muscle may entirely disappear. We have, then, not only the loss of power, but also the marked change in nutrition, showing the baneful effects of the poison upon the nerves and the various elements of the muscle. There is rarely any loss of sensibility.

Having, then, arrived at the diagnosis of lead poisoning, what is to be our treatment? The first part of the treatment should, of course, be the eliminative treatment. Our object is to rid the system of that lead which is in the alimentary canal and that which is in the tissues. In regard to the first, if the patient has been exposed to the poison just before coming under treatment, so that we have reason to believe that there is still more lead in the alimentary canal, we should give a purge of sulphate of magnesia and dilute sulphuric acid. This treatment should be kept up, in lessened doses, keeping the bowels in a soluble condition, for at least one week; but suppose we meet with a case, as here, where the patient has not used lead by the mouth; in such a case the purging treatment is not necessary. We must resort to a treatment that will stimulate the power of the system to absorb the lead, and will also get the lead in a condition to be absorbed. For this purpose no remedy is better than the iodide of potassium; with this should be given saline mineral water. It is on account of the diuretic and depurative action of these saline solutions, which also usually contain iodine and bromine, that certain mineral springs have acquired a reputation in the cure of lead palsy. The iodide of potassium should be given in pretty full doses; five grains, four times a day, continued for a long time, will, I think, usually remove the trouble. With this we should also use large quantities of saline solutions.

Now mark that this case shows us, in a very instructive way, how lead may be stored up in the system and give rise to repeated attacks of poisoning. How else could it be, when this girl came into the hospital with a characteristic attack of lead palsy and colic, and by treatment with the iodide of potassium the palsy was cured, and never coming in contact with lead in such a way that it could be absorbed, we find the symptoms recurring in even a more serious form. Undoubtedly, this new development of the symptoms is due to the absorption of lead from the tissues. I can explain it in no other way, and although this is a very rare occurrence, I see no reason why it should not take place. This patient should again be placed upon the eliminative treatment. The diet should be of a nutritious character, and the bowels should be kept soluble.

In the treatment of an attack of colic, the pain must be subdued by the hypodermic use of morphia, the administration of chlorodyne or the use of ether. But we have even more important questions to settle than the relief of the colic, and these concern the muscles and the restoration of their power. As soon as we notice the slightest failure of power, we should commence the use of rubbing, kneading, and the application of Faradaic electricity to the affected muscles, and endeavor by every means in our power to diminish the paralysis and restore the nutrition of the part. In addition to this treatment, there is one drug which exercises a positive influence over the power of the muscles. That drug is strychnia. It exercises an unquestionable power in lead palsy, and should be given freely, beginning with gr. $\frac{1}{30}$ and gradually increasing the dose until gr. $\frac{1}{12}$ is taken, giving it cautiously and waiting a few days to see if any toxic symptoms are developed. In some cases you will get better results by injecting the drug directly into the body of the muscle. Strychnia is well borne when given in this way, and seldom causes any local irritation. When given by the mouth it gives almost equally good results.

In this case we have to deal not only with lead palsy, but also with a neuritis, and it is proper that we should direct our treatment to its relief. Over the tender spots I would place a few leeches or a blister, and keep up a continued counter-irritation. In a case which has lasted so long, and where the system is so broken down, I would hesitate to use mercury.

The treatment of this patient for the next thirty days will consist of the use of iodide of potassium in such doses as will not interfere with

digestion, strychnia, rubbing, frictions, Faradaic electricity to the paralyzed parts, counter-irritation over the inflamed nerve trunks, free use of weak saline solutions, generous diet, and encouraging the patient to use the muscles as much as possible.

COMMUNICATIONS.

MINERAL SPRINGS OF SARATOGA.

Résumé of a Paper read before the Albany (N. Y.) County Medical Society,

BY W. O. STILLMAN, M.D.,

Of Saratoga,

Member of the Albany County Medical Society, Fellow of the Albany Academy of Medicine, Member of the American Association for the Advancement of Science, etc.

The first personal knowledge possessed by the white race of these now famous springs was in 1767, when Sir William Johnson, well known in colonial history, was brought thither by the Indians, to test the virtues of the waters. To the aborigines they were known since a very remote period, for it is said that the High Rock Spring was familiar to the Iroquois Indians at the time of Jacques Cartier's visit to the St. Lawrence, in 1535. The geological formation of this celebrated fountain indicates an extreme antiquity, certainly extending back thousands of years, even beyond the dim traditions of the red man, when its only patrons were the wild beasts that prowled through the primeval forest.

The numerous springs now known were discovered subsequently, at varying intervals, either by accident or exploration, and were mostly found many years ago. The Congress was found in 1792; the Old Red Spring, the Columbian and Washington about the same time. The Ten Springs were discovered in 1814; the Pavilion in 1836, and the Empire in 1846. The Kathom, one of the best and most popular, was accidentally discovered in 1868. One mile and a half south of the village of Saratoga Springs is situated the remarkable group of geysers, which have proved a new source of interest in the study of American mineral waters. They were reached by boring to a depth of from 130 to 300 feet, and spout continuously, with undiminished force, to a height of from 25 to 80 or 100 feet. They were found during or since 1870, together with the Vichy, a fine alkaline water, situated in the same locality.

BIBLIOGRAPHY OF THE SPRINGS.

It is a matter of some surprise to find how little, in the vast quantity that has been written about these well known waters, is of any real value or possesses scientific merit. The first physician to settle in Saratoga was Dr. Blakesley, in 1789, but he does not appear to have written anything. Dr. Constable, of Schenectady, in 1770, also examined the waters, and with like result. The first publication of which I can find record was a letter to Dr. Joshua Fisher, of Boston, written by a regimental surgeon, named Samuel Tenney, after a visit made in 1783, which was published in the Memoirs of the American Academy of Arts and Sciences, Vol. II. Part I, 1793. The venerable Samuel L. Mitchell, L.L.D., also records a visit to the springs in 1787, and investigations with reference to the escaping gas, which he denominated "fixed air."

The first really scientific examination of the waters was published in 1793, in a work entitled "A Dissertation on the Mineral Waters of Saratoga," by Valentine Seaman, M.D., a then noted physician, and one of the surgeons of the New York Hospital. His investigations were, however, almost entirely confined to one spring, the High Rock. From that time until Dr. Steel wrote his first observations on the mineral waters of Saratoga and Ballston, in 1817, there does not appear to have been anything published. In 1829, it is said, Dr. Tristam wrote concerning the waters, and demonstrated the presence of iron in them. Dr. Steel had done this previously. To Dr. A. A. Hayes, of New Haven, is due the credit of having first shown them to contain bromine and potash, which he announced in the *American Journal of Science*, July, 1830. Dr. Steel discovered the existence of iodine in 1828. In 1831 the first and only book possessing marked original merit, devoted to the springs of Saratoga, was issued. It was entitled "Steel's Analysis," and was the result of prolonged observation and patient and careful experimentation. A second edition of the book was issued in 1838, after a partial revision by its author, who died the same year. The same work has been still further revised and reissued by the late Dr. Perry, of Saratoga. Many communications to learned societies have been made concerning these waters, although but little has been contributed to the general fund of knowledge relating to their properties. A chapter in Moorman's "Mineral Springs of North America" is devoted to their consideration, as well as an occasional space in similar volumes.

SOURCE OF THE SPRINGS.

Many theories are extant concerning the origin of these springs. The one now generally ac-

cepted is, I believe, that they are produced by the percolation of the water through the porous soil and rock, from the adjacent water sheds to the valley, where a dislocation of the rocks is known to occur, which allows it to come to th surface. This fault, or rupture of the earth's crust, affects a large number of strata; the break amounting to some 500 or 600 feet. The upheaval was accomplished slowly; the inequalities being completely planed down by glacial action. To the north and west there is a long sloping surface, dipping southward and toward the break. This is composed of porous Potsdam sandstone and calciferous sandstone, resting on a bed of Laurentian gneiss, which is nearly impenetrable to water. All the waters falling on this long slope rapidly gravitate through the porous sandstones and reach the break. There meeting a comparatively impervious wall of slates and Trenton limestone, they are forced to the surface, finding exit through the fault. There are many interesting corroborations of this condition and relation of the various strata.

HOW THEIR PROPERTIES ARE ACQUIRED.

By virtue of its solvent power water takes up a portion of the constituents of the channels through which it passes. It does not merely hold them in suspension, but they are completely dissolved, and the water is crystalline, clear and sparkling. The salts dissolved are principally chlorides and carbonates. The first are taken up by virtue of their comparatively easy solubility, and the latter in the form of bicarbonates, being held in solution by the carbonic acid which is forced into the water under pressure. There is also a small proportion of bromides and iodide of soda, and a trace of borax. In addition, in the sulphurous waters are found sulphates and sulphuretted hydrogen. The formation of the insoluble carbonates, as soon as the carbonic acid gas escapes, on exposure to the air, has produced the deposit at the High Rock spring, which is composed of 95 per cent. of carbonate of lime.

CLASSIFICATION OF THE SPRINGS.

These mineral waters have never, to my knowledge, been classified and assigned their therapeutic places before. And without attempting, on our present knowledge, to discuss whether a classification be a needless refinement, more theoretical than practical, the method of division will be presented. A mixed arrangement, based upon chemical composition and medicinal action, presents certain advantages with mineral waters, from their complex character, not possessed by either a strictly chemical or therapeutical classification. And while I have prepared two, a strictly chemical and a mixed one, the latter alone will be presented. The springs are divided into five varieties:—

1. Mineral Cathartic Waters.
2. Alterative and Diuretic Waters.
3. Muriated Chalybeate Waters.
4. Alkaline Muriated Waters.
5. Sulphurous and Sulphuretted Waters.

In connection with this classification, I give the table of analysis of seventeen of the principal springs (not including three sulphurous springs, whose chief constituents are merely mentioned), each in its appropriate division. Excluding the last named exceptions, they present most of the same ingredients in vastly varying proportions. It is true of them, as has been said by a distinguished foreign chemist of the springs of Europe, that the detection of almost every known element in mineral waters seems to depend only upon the delicacy of chemical manipulation. In some of the springs the cathartic principle is almost lacking, as in the Red Spring, Vichy or Seltzer. Again, the cathartic is strong, but the alkaline very weak, as in the Hathom; or, the alkaline predominates over all others, as in the Vichy. In some the iron is scarcely traceable; in others, as the Columbian and Putnam, it is so strong that it has to be taken with great care, lest it produce violent headaches. The sulphurous waters introduce still another element, differing from any which an ordinary analysis discloses in the other springs. In the first and second varieties the distinction is almost solely due to the varying quantities of the constituents; the second not having sufficient laxative properties to be termed a cathartic, operating, therefore, principally as a diuretic, and in some instances possessing valuable additional alterative factors. Perhaps it is to these half-guessed-at elements, or others yet unknown, that some of their marvelous medical excellence is due. The invaluable bromine was first discovered in this country in a mineral spring.

There is not room in the limits of this article for reference to the physical appearance and properties of the waters.

I. MURIATED CATHARTIC WATERS.

Most Valuable Springs.—Hathom, Geyser, Congress, Excelsior, Union, and Champion. They are named in the order of their greatest cathartic strength, with the exception of the last, which is the strongest, but crude and unpleasant to take. The milder waters are frequently more

useful and better borne than those with a stronger impregnation. The consideration of the constituents, and their *modus operandi*, will have to be omitted in this and the succeeding divisions, through lack of space, for the more practical department of

THERAPEUTICS.

Gastro-Intestinal Affections.—In no diseases of this class are the waters more used, or their use of more value, than in constipation. They may be taken so as to produce a gentle, natural movement, or violent catharsis. When properly used—that is, not excessively, or at improper times—they are entirely free from danger, and do not cause griping or any disagreeable symptoms. Moreover, instead of debility and languor after a movement, there is usually a feeling of vigor and refreshment. On the contrary, when improperly used, they may produce severe colic and diarrhœa, with other untoward effects. Their use may be continued for years, with gradually diminished quantity, usually affording the most satisfactory results, with a general freedom from biliousness or tendency to serious indisposition. It is undoubtedly due to a gentle cholagogue action that this long adaptation is found practicable, for the stools retain a perfectly natural character. The bottled waters are quite as useful as when fresh from the spring, and produce quite as good results. In hemorrhoids, occurring as a result of constipation, sedentary habits, hot rooms and stimulating diet, the gentle aperient action is frequently found serviceable. It is difficult for piles to perpetuate themselves if the bowels are kept well regulated. In simple abdominal plethora, frequently found in good livers, whea the liver, spleen and mesentery are distended with sluggish-moving blood, and the abdominal vessels are likewise in an engorged condition, the action of the mineral waters afford a prompt and grateful relief. Its action is peculiarly happy in those who are commonly termed "free livers," and in these cases the alkaline water is preferable, as is also the case with those of sedentary habits. Thus, with free livers the alkali tends to produce oxidation and diminution of bulk; with sedants, who are almost always disturbed by acidity, it corrects that fault. In such cases the Geyser offers some advantages over the other cathartic waters, as it contains a large amount of bicarbonate of sodium. This neutralizes irritating acid secretions generally, and, to a certain extent, also relieves certain morbid nervous phenomena, promoting sleep and tranquillity. The same quality renders it valuable in nervous and acid diarrhœa.

In dyspepsia and indigestion of various kinds they have been found useful. They first wash out of the system the effete products of the disintegration of tissue, and hasten the body metamorphosis by making a way of exit for the detritus. Next, the action of various of its constituents is to quicken the change of tissue by increasing oxidation, thus creating a demand. The salines accomplish the same purpose by changing the density of the blood, and so altering the relations of the asmotic action going on between the blood vessels and the inter-vascular spaces.

Again, the carbonic acid offers a refreshing stimulus to the mucous membrane of the stomach, and gives it tone. There is a special action also going on, which will be taken up under the head of Alkaline Muriated Waters. The forms of dyspepsia which have received the most benefit are those attended with decomposition of food in the stomach, causing flatulence, acidity and pain, and either diarrhœas, as in children, or constipation, as in adults. In heartburn or acidity they are useful, though, of course, only palliative, other measures being better adapted to afford permanent relief, unless, indeed, the acidity be removed by curing the indigestion. Congress water has attained considerable reputation for relieving nausea and sea sickness, the carbonic acid being the principal active agent.

Hepatic and Splenic Affections.—Dr. Steel, who carefully and scientifically examined the springs for many years, recorded as his opinion that none were more benefited than the bilious. That the waters possess a true cholagogue action cannot be doubted. They work admirably in most functional, and I have reason to believe, in some organic, affections of the liver. In 1872-3 Rohrig demonstrated that saline cathartics augmented the flow of bile, and the same has long been known in regard to alkalies. Many professional testimonials can be adduced to show their value in acute and chronic hepatic congestion, gastro-hepatic catarrh and jaundice, biliary calculi, and some forms of enlargement and cirrhosis. They are also advocated in fatty degeneration of the liver, and malarial enlargement of the spleen.

Except for relieving acid urine, etc., and irritability of the bladder, their efficacy in nephritic and cystic affections is more than doubtful. This point is further referred to in the part devoted to contra-indications, at the close of the paper.

Cerebro-spinal and Nervous Affections.—In chronic congestions of the brain or cord, or their meninges, attended with constipation, they are often of immediate service. They relieve the

blood pressure, by draining off the superabundant serum, without sacrificing the more vital elements of the blood, or exerting an irritating, heat-evolving influence. The antipyretic action of the saline evacuants has long rendered them essential in the treatment of inflammatory and congestive conditions. Cases of neurasthenia, or nervous debility, accompanied or not accompanied with hypochondriasis, have received much benefit, as also neuralgia, or ordinary and sick headaches, through a general sedative influence and relief of cerebral circulatory tension.

Constitutional and Miscellaneous Affections.—As far back as the venerable traditions of the springs extend, they had a reputation among the aborigines for the cure of rheumatism. Later experience has confirmed this belief. In gout, too, more recently, the waters, especially the lithiated, have achieved some success. The Hathom is far more strongly impregnated with the bicarbonate of lithium than any of the others, which recommends it for use in this affection. In rheumatism, however, the Geyser is far better, from the greater relative proportion of the alkaline elements. Springs of this class have also secured a name in the treatment of cutaneous diseases, scrofula and rickets, obesity, hypnosis and anæmia, and general debility. In most instances, however, some of the others will perhaps be found quite as useful. In general debility, and such as are associated with slow convalescence, they are valuable, for it must not be forgotten that they are food, as well as medicine, and offer nearly all the constituents of the body, in some instances, as the Congress, bearing a striking resemblance to the constitution of the blood. Perhaps no water is more useful than the last named, in general weakness and slow convalescence, combined, when necessary, with a course at the ferruginous springs. As a prophylactic they possess value, especially in warm climates, as a preventive of dysenteries and gastric and bilious fevers.

Administration.—Dose of Hathom or Geyser is from one to three or more glasses. The Congress and Excelsior, or Union, are weaker, and require more. The Champion is stronger, but from its crudeness, not especially recommended. The quantity can usually be diminished after taking some time. A drachm or two of Epsom salts, or a dose of blue pill, with the first draught, is sometimes desirable, to secure a prompt and satisfactory action. The time to take the cathartic waters is always before breakfast, preferably half an hour or more before eating.

II. ALTERATIVE AND DIURETIC WATERS.

Most Valuable Springs.—Red Star, Empire, High Rock. Crystal, and many of the others, especially those containing iron.

Constituents and Modus Operandi.—The therapeutics of this class of waters is obvious.

Dietetic and Morbid Systemic Conditions.—The springs have attained considerable reputation in the treatment of scrofula and affections associated with it. In combination with the iron waters the best results are secured, although some, as the Red Spring. have, single-handed, achieved remarkable triumphs. This spring may be compared to the wonderful Carlsbad, of Europe. Both springs have performed marvelous cures, and are comparatively weak waters; nor can their virtues be ascribed to any particular ingredient. They are likewise used in much the same class of cases. * * * In poverty of the blood, when its composition is much altered, as in anæmia, hypnosis, etc., the waters may do much good by supplying the necessary constituents. Likewise in rickets, *mollites ossium*, and other lime-starved subjects, as in some residents of cities, they are exceedingly useful. The great difficulty in introducing lime salts into the system has been their insolubility, which prevented assimilation. In these waters, which are loaded with the bicarbonate, a perfect state of solution is presented, which is soothing and grateful to the most delicate stomach. In biliousness and icteric troubles the more operative waters recommend themselves. The alterative waters are mildly cholagogue, and in sufficient doses purgative, but large quantities are required, and they are not as well adapted to these complaints as the active cathartics. Likewise in rheumatism, the more alkaline waters are usually best, as the Geyser or Vichy; while in gout their efficiency is doubtful. The Star and High Rock springs are among the best of the alterative waters.

Cutaneous Affections have long been treated at certain of these springs; frequently with great benefit. It is questionable whether they have any value in parasitic affections, but in that other class, largely dependent upon perversion of the nutrition of the skin, in which an alterative action is desirable and a change in the condition of the tissues necessary, these answer the purpose finely. Thus, in eczema, they have accomplished many cures, and have proven valuable in psoriasis, pityriasis, herpes, lichen, impetigo, and acne, etc.; and have long been popular in festering sores, whitloes, boils and felons, as well as indolent ill-conditioned ulcers. In the

latter trouble Dr. Steel recommended them highly, and their depurant action in some of the others is very marked. Mineral baths are an absolute necessity in conjunction with the internal administration of the waters, in testing their value in these diseases. The Red Spring, Star, High Rock and Empire, are especially useful in these disorders.

Inflamed Mucous Surfaces:—As a sedative blenorrhetic these waters have often shown their usefulness. They operate in at least two ways: by liquefying the secretions and cleansing the surface, and by counteracting acidity and destroying irritating influences. There may also be additional special action in the various salts, upon the mucous glands as they are being excreted. This action in the relief of inflamed mucous membranes has rendered them of signal effect in catarrh of the stomach and gall ducts—a form of dyspepsia particularly troublesome and obstinate. * * They are likewise beneficial in catarrh of the intestines, vagina and bladder, and I have seen the Red Spring of marked benefit in ophthalmia. Their curative and alleviating influence is especially noticeable in vesical irritation, for which they have long been used with salutary results.

Miscellaneous Affections.—In calculi and gravel this class of the springs is useful, but not so much so as the more alkaline waters. In general debility and neurasthenia, with their attendant satellites, they often prove of benefit, and are safe to try as a *dernier ressort* in most chronic, non-malignant maladies, which have resisted everything else. In such cases, as a tonic, "alteratives are sometimes better than iron," and work far quicker results.

Administration.—The dose of these waters as an alterative is from a quarter to one glass, varying with the individual, three or four times daily. As a diuretic, from one to two or more glasses, two or three times daily. The dose of the Red Spring may be somewhat larger than that laid down for the others. The iron waters are excellent diuretics. *Time.*—In dyspepsia the waters may be taken fifteen minutes or half an hour before eating; if after, not before two or three hours have elapsed. Bedtime is a good time to take them, as either alterative or diuretic.

(*To be Continued.*)

—At a recent trial at Warsaw, Dr. Wolpert was convicted on the charge of having received money for declaring that certain Jewish conscripts were unfit for service. He was sentenced to a deprivation of all rights and a six years' exile in Siberia.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC BY R. J. LEVIS, M.D.,

Surgeon to the Pennsylvania Hospital and to the Jefferson Medical College Hospital.

Reported by CHARLES R. CRANDALL, M.D.

Ablation of the Tongue.

GENTLEMEN, this patient comes to us suffering from cancer of the tongue, and it seems best that a portion of the organ should be removed. The disease is of six months' standing, and has progressed sufficiently far to cause considerable pain and some impairment of the general health. The cancer has not been examined with the microscope, and we cannot say just what kind it is, but, as a rule, these cancers are epitheliomal in variety. I find it seated about in the middle of the tongue, but, if anything, a little to the left. I find the tongue somewhat bound down on the left side, and also see that there has been considerable sloughing of the anterior portion of the organ, which has been going on for about two weeks. I examine the face and neck of this patient, but find no glandular alteration or enlargement. In performing this operation I shall anæsthetize the patient with bromide of ethyl. I do not know that it has ever before been used for an operation of this kind, and we may have some difficulty in employing it, as its effect is transient unless the anæsthetic is continuously applied to the nose and mouth. It will be necessary to keep the patient's mouth uncovered most of the time during the operation, but it will probably work satisfactorily if he is profoundly anæsthetized before the operation is begun. The assistant will note the length of time occupied in the operation and the amount of the anæsthetic used. In performing the operation it will be necessary to draw the tongue well forward, and the instrument to be used for that purpose may be either the ordinary tongue forceps or else the vulsella forceps.

After the patient is thoroughly ethylized, which is now being done, I shall draw the tongue forward and then apply the écraseur, which is the instrument I have decided to use for making the excision. As the organ is naturally soft and yielding it will be necessary to first transfix it with acupressure pins, which will also serve to hold the chain of the écraseur in place. As the patient is now ready, I first draw the tongue forward, and I find I can do so with ordinary forceps, without using much force. I now proceed to adjust the chain of the écraseur, and will tighten it rapidly at first, until the parts are well constricted. As soon as the tissues begin to crush under the tension of the chain the turns of the screw are made more slowly. Those sitting near can see the extent of the constriction, and, as the chain is now well imbedded, I remove the pins, as they were required chiefly to hold it in place. I now tighten the chain still more, but let the constriction take place gradually. When the excision is about completed it is always necessary to secure the remaining portion of the tongue, lest it recede far back into the fauces,

owing to the contraction of the hyoglossus muscles. As the excision is now nearly accomplished, I seize hold of the remaining portion and prevent it from receding too far. Excision is now complete, and I take out the mass as it is grasped by the écraseur. The remaining portion is not going to retract much, and the patient will doubtless have very good control of it. In some cases it is necessary to attach a string to the remaining portion, in order to keep it in place. I do not think the patient's articulation will be seriously impaired, for I have, in some cases, removed the tongue almost as far back as the hyoid bone, and yet the person could talk very well.

I do not think there can be much hemorrhage in this case, as the crushing has been done so gradually. The principal dangers from the operation are hemorrhage, œdema of the glottis and erysipelas, which must be managed on general surgical principles. I will now let the patient come from under the influence of the ethyl, and see what the action of the tongue will be. Yes, he has good control over it, and, as I speak loudly to him, rouses sufficiently to clear his mouth of blood. Although five minutes have scarcely elapsed since we stopped the ethyl, the patient is able, as you see, to get off the table without assistance and to walk out of the arena. He does not seem to have experienced any unpleasant effects whatever from it.

I ascertain from the assistant that the operation has lasted nineteen minutes, and that ten fluid drachms of the ethyl have been administered. * * * * One week later the patient walked into the clinic room, and was able to articulate quite well.

Medical Societies.

THE TWELFTH ANNUAL SESSION OF THE TEXAS STATE MEDICAL ASSOCIATION,

Held at Brenham, Washington County, beginning on Tuesday, April 6, 1880.

There being no quorum present in the forenoon, the session was opened at 2 P.M., in the Opera House, by the President, Dr. John H. Pope, of Marshall, Harrison county, and about fifty members answered to roll call. Dr. W. A. East, Secretary, and Dr. J. Larendon, Treasurer.

Before proceeding to business, prayer was offered by Rev. W. B. Riggs.

Dr. J. T. Norris, of Brenham, chairman of the Committee of Arrangements, made a handsome address of welcome to the members of the Association, which was replied to in a becoming manner by the President. In his address, Dr. Norris stated that the Washington County Medical Society was the first to propose and mature plans for the organization of the State Medical Association.

Invitations had been extended to various distinguished members of the profession in other States, who failed to attend, and their replies were read by the Secretary.

Quite a number of petitions were presented for membership, and acted on favorably by the appropriate committee.

Dr. A. H. Voorhies, oculist, of Memphis, Tenn., was introduced to the Association by Dr. Ashbel Smith, of Harris county, and on motion by Dr. S. F. Starley, of Corsicana, Dr. Voorhies was elected an honorary member, and responded in a few brief remarks, thanking the Association. A lengthy communication from Dr. J. C. Le Hardy, of Savannah, Ga., on "National Quarantine," was read by the Secretary, and on motion, was referred to the Committee on State Medicine.

Dr. R. B. White, and Dr. S W. Johnson were received as delegates from the Ellis County Medical Society; Dr. Summers, from the Grayson County Medical Society, and Dr. D. R. Wallace and Dr. Joe. S. Willis, from the Waco Medical Society, representing McLennan county.

A number of communications were read and referred to the proper committees.

Section on Obstetrics.

The time arriving for this Section to report, President Pope yielded the chair to the chairman, Dr. L. J. Russell, of Harrisville, Bell county, who opened the proceedings by reading a lengthy paper "Against the Use of the Ligature and the Bandage on the Funis of New-born Infants." The novel and original ideas of the Doctor were well sustained by sound reason and argument, and he exploded the time-honored practice of applying *any dressings* to the umbilical cord, or any bandage around the child. He contended that there is strong evidence in proof of the unwholesomeness of the dressings, of their injury to the child, by compression, impeding respiration, and producing inguinal hernia; and strong suspicion of inducing trismus. Several members spoke in commendation of the paper, and very few said anything in favor of the bandage. The paper was referred to the Publishing Committee, and a vote of thanks given to Dr. R., for his report.

The report of a case of extra-uterine pregnancy, by Dr. B. H. Bush, physician in attendance upon convicts in the State Penitentiary, at Huntsville, was read by Dr. A. R. Kilpatrick, of Navasota, Grimes county. The patient was aged 45 years, colored, multipara; at the proper time she had labor pains. She denied being pregnant, as she was living *absque marito*. An abscess formed in the iliac fossa was opened, and after a time bones of the fœtus were extruded thence and through another fistulous opening in the perineum. She sunk, from septicæmia, and died. Post-mortem verified the diagnosis. Dr. K. reported, orally, another case, which occurred in November, 1879, in Brazos county, in a negress, multipara, aged 45; her youngest child was then 19 years old. She died Christmas day, undelivered, but there was no post-mortem.

Dr. Bush's paper was referred to the Publishing Committee.

Dr. S. F. Starley, of Corsicana, read a very satisfactory essay on the use of obstetric forceps. He contends that they should be used more than they are, as there is no danger or injury resulting to mother or child, and in a large number of cases of protracted labor they terminate the sufferings of the enfeebled patient and save her from what might be a slow recovery. Some dis-

cussion followed the reading, and objections were made by some to the increasing popularity of their employment, but the majority of speakers favored the more frequent use of the forceps. The Doctor's paper was received and referred to the Publishing Committee.

Dr. J. A. Allen, of Corsicana, chairman of the Committee on Texas Medical College, said there was a defect in the committee, which he prayed to be corrected, and for further time to report. Granted.

The Committees on Necrology, on Practice, and on the Four-States Medical Association, Mississippi, Louisiana, Arkansas and Texas, made no report. Continued. The Committee of Publication, through the Chairman, Dr. C. H. Wilkinson, of Galveston, made a satisfactory report, which was received and adopted, and the thanks of the Association were voted to Dr. Wilkinson for his efficient and economical work. Same committee continued.

The Committee on Prize Essays made no report.

Dr. D. R. Wallace, of Waco, offered a series of resolutions looking to the more perfect organization of the profession of medicine in the counties, states and nations. The resolutions were referred to the Committee of the Whole.

Dr. Ashbel Smith offered the following:—

Resolved, That two gentlemen be appointed to attend the Legislature, at Austin, at its next session, to urge the adoption of such legislation on medical subjects, including public hygiene, as the public good and the interest of the medical profession deserve, and that they receive such compensation for their services as, in the opinion of this Association, shall be deemed reasonable. It was referred to the Section on State Medicine, but afterward amended, by appointing the following Committee, viz., Drs. T. D. Wooten, R. M. Swearingen, J. W. McLaughlin, of Austin; J. H. Pope, of Marshall; and D. R. Wallace, of Waco.

On the second day of the session the subject of quarantine came up for discussion, under the Section on State Medicine and Public Hygiene. Dr. A. R. Kilpatrick, chairman of the Section, read a paper on hygiene, drainage and sewerage; proper sanitary measures in the person, the family, the town and city. He gave a gloomy picture of the condition of Memphis during and immediately after the epidemic of yellow fever.

Drs. Burroughs, of Houston, and Dowell and Heard, of Galveston, spoke on quarantine, but mainly to show where it has failed to protect places from disease.

Dr. Kilpatrick advocated quarantine, and spoke of the great good done by the National Board of Health, in protecting our seaports from disease, in reporting the presence of disease in foreign cities, and warning our people in time to guard against the introduction of infectious diseases, by refusing the entrance of vessels from infected places.

Dr. Kilpatrick's paper was received and referred to the Publishing Committee, and the whole subject of quarantine was finally referred to the same committee.

Dr. Wallace, of Waco, read a lengthy essay on "Crime," taking the penitentiary convicts as his subjects. The paper was ordered to be printed and distributed.

Dr. M. A. Taylor, of Austin, chairman of Committee on Legislation, made a lengthy report on past legislative action, and a committee of five, elsewhere reported, was appointed to urge our cause before the next Legislature.

The Committee on Elections reported the following officers as elected for the next year: Dr. A. R. Kilpatrick, of Navasota, President; Dr. R. M. Swearingen, of Austin, First Vice-President; Dr. E. J. Beall, of Fort Worth, Second Vice-President; and Dr. O. H. Seeds, of Columbia, Third Vice President; Dr. R. H. L. Bibb, of Austin, Secretary (for a term of five years); Dr. J. Larendon, of Houston, reëlected Treasurer. Section on Practice of Medicine, Dr. J. L. Irion, of Montgomery, Montgomery Co., Chairman; on Obstetrics, Dr. J. L. Russell, of Harrisville, Bell Co., Chairman; on Gynecology, Dr. J. F. Y. Paine, of Galveston, Chairman; on Surgery, Dr. B. Powell, of Houston, Chairman; on Ophthalmology and Otology, Dr. W. H. Brown, of Waco, Chairman; on Medical Jurisprudence and Psychology, Dr. E. J. Beall, of Fort Worth, Chairman; on State Medicine and Public Hygiene, Dr. J. H. Pope, of Marshall, Chairman.

As delegates to the American Medical Association at its session in June, in New York, Drs. Ashbel Smith, T. J. Heard, R. M. Swearingen, J. J. Burroughs, S. Eagon, J. M. Ross, J. A. Allen, S. R. Burroughs, J. H. Pope, A. R. Kilpatrick, J. C. Fields, T. M. Blakemore, G. W. Christian, C. W. Truehart, J. F. Y. Paine.

There was quite a spirited discussion on the unfairness of the State and county license tax on physicians, and many spoke in reprobation of it, but no definite action was taken upon it.

Dr. B. Powell, of Houston, offered a resolution, designed to break up the system of contracts between physicians and railroad and other corporations. The President ruled it out of order, as having been decided last year, at the session in Sherman.

Dr. A. J. Summers, of Sherman, read a paper before the Section on Surgery, written by Dr. S. Eagon, on the question, "Should Battey's Operation be Recognized as a Legitimate Measure in Surgical Therapeutics?" The paper was well received and referred to the Committee on Publication.

Dr. R. P. Talley, of Belton, Bell county, reported an interesting case of popliteal aneurism, successfully treated by Esmarch's bandage, digital, genu and hammer-handle compression. The Doctor showed great skill in availing himself of all means within his reach in treating his case, and his ingenuity and impromptu adaptiveness are commendable. The paper was received and referred to the Publishing Committee.

Dr. J. B. Adair, of Bastrop county, read a lengthy article in advocacy of Dr. Long, of Jefferson, Ga., as being entitled to the honor of the discovery of ether as an anæsthetic in surgery. Paper received and referred.

Dr. J. L. Cunningham, of Hempstead, Waller county, reported to the Obstetrical Section the case of a white woman without a uterus, and who enjoyed good health and was twice married. The

pudendum was never supplied with the usual pileous adornment.

Dr. T. M. Blakemore, of San Marcus, reported, orally, a parallel case, except that she never married. Each had poorly developed mammæ.

Dr. Styles, of Independence, Washington county, read the report of a case in practice, of placenta prævia, in a white multipara, in which the woman lingered and died of septicæmia.

Dr. S. R. Burroughs, of Guy's Store, Leon county, read a very interesting article on the question, "What are the post-mortem evidences of virginity, as determined by examination of the uterus and appendages, excluding the external organs of generation?"

On Wednesday night, 7th, Dr. J. H. Pope, the retiring president, delivered the annual address to the Association, and also a large audience of ladies and gentlemen. His theme was "Existence," in which the love of life and pleasure, and the dread of death, were aptly illustrated and portrayed. He believed that life is susceptible of being prolonged by means of hygienic and scientific precautions, and that the disciples of Æsculapius were scientific agents, so to speak, in the cause of protracted longevity. His comparisons and illustrations were grand and sublime, clothed in choice language, and at the same time concise and pointed. The mixed audience listened with eager attention, all seeming to be charmed and highly satisfied with the address.

The newly elected officers were introduced and installed in office on the afternoon of the third day. There was little of any consequence done after that, and the Association adjourned on Friday morning at eleven o'clock, to meet at Waco on the first Tuesday of April 1881. The session was pleasant and harmonious; there was manifestly a warmer and more cordial feeling among members, and an assurance of success and activity hereafter. The papers read evinced reflection and study; everything was prepared in a finished manner, showing a desire to benefit the hearers and secure their hearty approbation. A proposition was made to have the sessions continuously in one city every year, but it was voted down.

Editorial Department.

Periscope.

Treatment of Gonorrhœal Ophthalmia.

George Critchett, F.R.C.S., reports the following interesting case in the *Lancet*, April 3d, 1880:—

Louisa C., aged two and a half years, was brought to me at the Middlesex Hospital on the 15th of May, 1878. Her left eye presented all the appearances of acute gonorrhœal ophthalmia, and the collateral circumstances confirmed this diagnosis, as the child had a profuse yellow discharge from the vagina, with considerable swelling and irritation of the mucous canal. The lids were of a bright red color and much swollen, and so densely infiltrated, that even when the child was placed under the influence of an anæsthetic it was found impossible to separate them so as to ascertain the condition of the cornea. Yellow and rather thick matter was exuding from between the lids.

Judging from past experience, seeing the extreme acuteness and severity of the symptoms, the difficulty in separating the lids or exposing the cornea, and the impossibility of getting any solution into contact with the conjunctival surface, I relinquished all hope of saving the sight. I have never in the course of my experience known such a condition eventuate otherwise than in the total destruction of the eye. Under these circumstances, I determined to adopt a somewhat heroic and novel proceeding, and one that has not, I believe, been published. I passed a small silver director under the upper lid, as far as the edge of the orbit, against which I kept it pressed; and then, with a small, sharp-pointed bistoury, I completely divided the lid, perpendicularly, as far as the margin of the eyebrow. In order more completely to uncover the cornea, I separated the two angles of the divided tarsus, and fixed them with fine sutures to the skin of the eyebrow. The cornea looked steamy, but not ulcerated, and was buried in chemosed conjunctiva. The immediate effect of this proceeding was to diminish the redness and swelling of the lids and conjunctival membrane and completely to expose the surface.

In the subsequent treatment of the case I was materially assisted by the house-surgeon, Mr. Dixon, who carried out my directions with great care, skill and assiduity. A solution of nitrate of silver—thirty grains to one ounce—was painted over the entire surface of the conjunctiva three times daily, the eye was cleansed and syringed with a solution of alum—ten grains to one ounce—and a piece of linen moistened in the solution was kept constantly applied. This plan was continued, with gradual abatement of the symptoms, for a month; a weaker solution was then substituted, and at the end of six weeks from the commencement of the treatment the eye had recovered with a perfectly bright, healthy cornea.

At the termination of another fortnight the child was again placed under the influence of an anæsthetic, when I pared the edges of the divided lids and brought them together with fine sutures. Good union occurred, the deformity is very slight, and the lid perfectly performs its function.

I may add that during the early part of the treatment the other eye was kept carefully closed with strapping, so as to prevent any risk of inoculation.

To some it may seem that this rather novel

proceeding was of too heroic and severe a character, but it at least had the merit of success. Every case of gonorrhœal ophthalmia, the result of direct contagion, that has come either under my care or my observation has been so uniformly attended with loss of the affected eye that I should certainly adopt a similar proceeding on any future occasion, and I beg to commend it to the attention of the profession. It seems to fulfill every indication; it relieves the immediate tension, and the strangulation with which the cornea is threatened; it permits the free escape of the matter, and enables the surgeon to make a thorough use of caustic and astringent remedies; while the slight subsequent scar on the lid is a small price to pay for a rescued eye.

Treatment of Scarlatina in Children.

M. Archambault, of the Hôpital des Enfants Malades, Paris, says, in a lecture on scarlatina, a translation of which appeared in the *Medical Press and Circular*, April 21st, 1880—

There is a certain class of infantile diseases for which it is not at all necessary that the physician should display his skill. Scarlatina is one of these. Put the patient to bed in a well-ventilated chamber, but the windows should not be opened. The temperature of the chamber should not exceed 64°. When the fever falls the temperature may be raised a little, because the patients have tendency to chills. The covering should be no heavier than in health. How long would you leave a patient in bed? Some say that he might get up as soon as the fever fell; others, on the contrary, exact a month or six weeks. Leave him a long while in bed, about three weeks. The statistics of an English doctor, comprising six or seven hundred cases of scarlatina, show that nephritis appeared oftenest from the fourteenth to the eighteenth or twenty-second day. If, then, nephritis is due to cold, as I believe, it will be well to oblige the patients to keep their beds. They might sit up in bed, but care should be taken to put a kerchief around the neck, for secondary sore throats are grave. It would be well also to recommend mittens on the wrists, the carpal articulations being the most subject to the rheumatism which is frequent after this disease. The patients should not go out before the thirty-fifth or fortieth day; but that will depend again on the gravity of the disease. Barthez has told me that he did not know of any case of anasarca after scarlatina since he forced his patients to keep the bed during five or six weeks. As regards the medical treatment, properly so-called, I will not spend much time over it, as I consider that hygienic precautions are the most important. Hot drinks should not be given unless the eruption does not come out properly. Refreshing drinks, such as lemonade, gooseberry wine, etc., are preferable. To aid the eruption I have often given the acetate of ammonia. If the patient is constipated, a little rhubarb or castor oil will suffice. If the nights are restless, a little bromide of potassium I have found of great benefit. The mouth must be washed often, but for the throat, caustics are seldom necessary. Chlorate of pot ash, or alum gargles will be sufficient. If the patient is too young to gargle, one or two grams of chlorate of potash mixed with five or six grams of white powdered sugar may be given. Ought baths to be ordered in scarlatina? One might order a bath if the fever were very high and the eruption abundant, but in ordinary cases it would be better to dispense with it. This practice is much used in England; it is thought hazardous with us. Sometimes the itching is very great. Some German doctors conceived the idea of rubbing the children with fresh lard, but to this procedure, which is not very clean, I prefer the English method, which is a mixture of glycerine and cold cream. As regards nourishment, it is evident when the fever is high a light diet should be prescribed; when the fever abates a stronger nourishment might be administered, but with caution.

Such is the treatment that will suffice in scarlatina; it is simple, and will not cover you with glory, but it will cure your patients, and will prevent, in the majority of cases, complication. Do not neglect, above all, hygienic precautions, for I say, in closing, there is not a case of scarlatina that ought to be neglected.

Treatment of Smallpox.

Prof. Alonzo Clark, M.D., of New York, says, in a lecture on smallpox, published in the *Medical Record*, May 1st, 1880—

The first great fact you are to remember when you have charge of such a case is, that it is a self-limited disease, and must run a course, and that your business is to keep your patient alive until its natural termination. In very many cases of smallpox that tend to recovery, really very little treatment is required. The general treatment may be almost entirely omitted; and those that do require treatment will require treatment for symptoms. If there is exhaustion, you would use your alcoholics in the same way that you would in typhoid fever. If there were a wide erysipelatous inflammation, you would have the room kept pretty cool, so that the coldness of the air would modify the action of the inflammatory disease. If the patient be restless, if be have the irritative fever, give him opium, to quiet the nerves. If he have suffocative symptoms, you will have to look into the throat, or feel the throat, and ascertain whether there is any œdema glottidis; and if there be, your duty will be to perform the operation suggested by the late Dr. Buck, to scarify the watery tumor upon the top of the larynx with a sharp instrument of some sort, the blade of which is protected by winding something upon it, the point only left open to pass down upon your finger, and make little scratches into the bladder of water that constitutes œdema glottidis. There is no specific. It is not more than five or six years since that it was published to the profession that a certain plant would cause an abortion of the disease, and would cure it in every instance. The more it has been used, I believe, the less it has been found that the statement is true. We do not claim now, at any rate, that there is anything that will cut short the eruption; and the probability is that if you could find anything that would do it, it would do more harm than good. It is a loathsome disease—loathsome in the condition

to which it reduces the patient, and in the effluvia that arises from his body. The only question of much importance in regard to the treatment is, can you produce a condition of the pustules that will not leave cicatrices? I believe that question can be answered affirmatively. But the particular treatment that you will subject these pustules to is of a very variable kind, if you follow the authority of one or another person. If, early in the disease, these vesicles be pricked with the point of a lancet, and kept empty, the cicatrization, it is said, will not occur.

Spermatic Colic.

Under this title, says the *Canada Journal of Medical Science*, for May, 1880, M. Reliquet reports a curious case, occurring in a man twenty-five years of age, in which he had diagnosticated prostatic tubercle, and which presented the following symptoms: Violent pain during coition; painful sensations in the perineum, with frequent desire to urinate while riding in a carriage; frequent and violent emissions from the urethra of a liquid analogous to the spermatic fluid. Rectal examination revealed an inequality of the prostatic lobes, the right lobe presenting a well defined swelling, which was continuous posteriorly with the vesicula seminalis. Pressure with the finger was painful, and induced a desire to urinate. A sound was introduced into the urethra and the tumor compressed between it and the finger. This manœuvre caused the expulsion through the urethra of a grayish mass, resembling vermicelli, and which examination showed to consist of altered spermatozoa and mucus. The spermatic colic, the retention of the semen in the ejaculatory duct, was the cause of all the symptoms. After repeated sounding, and further evacuation of the retained mass, the tumor disappeared and the reflex troubles of micturition were relieved.

The Use of Boracic Acid.

E. P. Atkinson, M.D., writes, in the *Practitioner*, for April, 1880—

Considering the well known antiseptic properties of boracic acid, it is exceedingly curious how little it has been administered as an internal remedy. Its effect in diphtheria, both locally and internally, is very marked, and the following statement by Drs. Cossar Ewart and Malcolm Simpson proves in a pretty conclusive manner the action it has upon the disease germs: "Pieces of membrane which had been brushed with a saturated solution of boracic acid, when placed on the warm stage of the microscope showed the characteristic bacilli; but these were absolutely innocuous, and instead of lengthening into spore-bearing filaments, micrococci, bacterium, termo or torula appeared in their stead. By the use of the acid the disease was shortened, and the other members of the family protected from infection." In the treatment of puerperal fever, combined with sulphuric ether (which is also an antiseptic), and when it has been found necessary a little tincture of opium, it has given more decided beneficial results than anything with which I am acquainted. I feel certain that it ought to hold an important place in the treatment of carbuncular disease—erysipelas, cholera, scarlatina, enteric, typhus and intermittent fever—and, in fact, all those cases which are known to have a septic origin. From what I know of its power in combating the action of disease germs, I cannot help thinking it would materially lessen not only the intensity, but also the duration of the various eruptive fevers. I incline to this belief very strongly; time will quickly show whether it is correct or not. It is but sparingly soluble in cold water; an ounce will only take up about eighteen grains, but a drachm of boiling water will dissolve about five grains. The dose is from five to fifteen grains. It has one particular recommendation, and that is its tastelessness.

Diminution in the Refractive Power of the Eye, in Glycosuria.

Dr. Alcon calls attention, in *El Siglo Medico*, January, 1880, to a case of diabetes in which he observed a symptom hitherto undescribed, namely, a diminution in the refractive power of the eye. The patient was a woman, aged 61, of healthy antecedents, in whom symptoms of glycosuria became developed after an injury. Simultaneously, sight became impaired, and glasses that had hitherto sufficed for reading were now found to be too weak. There was a manifest hypermetropia of 1.25 D, and vision was reduced to one-half. At this period the amount of sugar passed daily amounted to 229.04 grams. At successive visits the amount of sugar was found to be steadily decreasing, and, *pari passu*, the hypermetropia also. Finally, five months after the first examination, it was found that the eyes were once more emmetropic, while every particle of sugar had disappeared from the urine. The author explains the symptoms by an alteration in the index of refraction of the vitreous humor, due to a change in its chemical composition. The vitreous body offers a concave surface to incident rays, and, consequently, its refraction is the exact reverse of that of the cornea and crystalline; therefore, any increase in its refractive power will result in a diminution of the refractive force of the eye as a whole.

A Case of Imperforate Anus Successfully Treated.

Geo. W. King, M.D., of Kempton, Ill., reports the following case in the *Michigan Medical News*, April 26, 1880:—

Sunday, December 1st, 1879, I was called to see a child a few hours old, the midwife in attendance having discovered something wrong with it. Upon examination I found it to be a case of imperforate anus. Perineum was smooth, and without a trace of the anal aperture. The child, a male, was, with this exception, well developed and in good condition, but seemed to be suffering acutely from the intestinal obstruction. The parents insisting that an attempt must be made to relieve the child, I decided to make an exploratory incision to determine the location and condition of the rectum, if present. After emptying the bladder by pres-

sure above the pubis, I made an incision of about one inch and a half in length in middle line, beginning a little in front of coccyx; then by careful dissection separated the tissues to the depth of one inch, at which point the rectum was found to end in a cul-de sac. The intestine being distended with meconium, I punctured the sac with a trocar, and a free discharge of its contents followed; enlarging the opening by a crucial incision, and clearing the cavity, the next step in the operation consisted in bringing down the bowel and fastening its mucous membrane to the edges of the external wound by means of sutures. This proceeding was accomplished without difficulty; the hemorrhage was free, but easily controlled by torsion and cold compress. The case progressed well, and the union has been rapid. The treatment consisted in keeping the orifice dilated with a plug of oiled cotton, and the introduction of a bougie occasionally.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Diseases of the Maxillary Sinus," by Edward Borch, M.D., of St. Louis, Mo., is the title of a reprint from the *Indiana Medical Reporter*, April, 1880.

——A reprint from the Philadelphia *Medical Times*, April 10, 1880, contains a contribution to the history of influenza, with a study of a series of cases, by Drs. John Guitéras and J. William White.

——*The Peoria Medical Monthly* is a new journal, published at Peoria, Ill. It is edited by Drs. John Murphy, J. C. Hamilton, and H. Steele, and to judge from the first number, which contains several original articles of considerable interest, besides selections from other journals, it deserves the support of the profession. Subscription price one dollar per annum, in advance.

BOOK NOTICES.

The Utricular Glands of the Uterus, and the Glandular Organ of New Formation which is developed during Pregnancy in the Uterus of the Mammalia, including the Human Species. By Professor Giovanni Battista Ercolani, Permanent Secretary of the Academy of Sciences of Bologna, Corresponding Member of the Academy of Medicine of Paris and Brussels, and of the Gynecological Society of Boston, etc. To which is appended his monograph upon the Unity of the Anatomical Type of the Placenta in all the Mammalia, and the Physiological Unity of the Nutrition of the Fœtus in all the Vertebrates. Also a General Summary and Classification, written expressly for this edition. With a quarto Atlas of fifteen plates, engraved by Bettini, and reproduced by the heliotype process. Translated from the Italian, under the direction of Henry O. Marcy, A.M., M.D., Vice President of the American Medical Association, etc. Boston, Houghton, Osgood & Co., 1880. Cloth, 8vo, pp. 305. Price $5.00.

Dr. Marcy has merited the thanks of the medical profession of America for having reproduced in the English language the valuable observations of Professor Ercolani on the development of the placenta in the mammalia, including the human species. In his introduction, the author tells us that these observations have led him to entirely different conclusions from those which are generally admitted by anatomists and physiologists of the present day. He holds that there is produced in the pregnant uterus of mammals a glandular organ of new formation, whose function it is to secrete a fluid for the nutrition of the fœtus, and that this organ constitutes one of the two fundamental portions of the placenta, the maternal portion, with which the fœtus is brought into intimate relation by the villi of the chorion, which composes the other or fœtal portion of it. These villi penetrate into the glandular organ in order to absorb the fluid which is there secreted, but in no case do the maternal vessels come in contact with those of the fœtus. The author passes in review the investigations made and the opinions held by the most learned and illustrious anatomists of earlier times, together with those of a more recent date, before giving the results of his own researches, and in an appendix he makes such modifications and additions as more recent observations have called for. This he conceived to be a better idea than to revise the work, as it enables the reader to follow him step by step in his investigations. This is a work of rare merit, and the difficult task of translating seems to have been well performed. As, however, many of the American physicians are not Latin scholars, it would, perhaps, have been better had the numerous quotations in that language been rendered into the vernacular as well. The plates in the accompanying atlas are real works of art, and the book, which is printed in large, clear type, on solid paper, and elegantly bound, undoubtedly contains the latest and most correct views on the subject.

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SOME EARLY SYMPTOMS OF INSANITY.

Few general physicians, as we have heretofore remarked, are awake to the importance of watching for and treating early the symptoms of diseases of the mind. Too often the period in which such diseases may be prevented or successfully treated is allowed to pass by, under the convenient belief that the symptoms are "hysterical," or "nervous," or "sentimental" only. Every medical man who assumes the charge of families should commit to memory and keep in his recollection these words of the distinguished alienist, Dr. DANIEL HACK TUKE: "Attack the first symptoms of mental ill-health by appropriate means, and with at least as much determination as the first threatenings of consumption. Repel the invader before he can plant his foot firmly on your territory." (*Insanity in Ancient and Modern Life*, page 143.)

Such is the variety of manifestations of mental ill-health that it is indeed often confusing to distinguish them, and the difficulty is increased by the delicacy of the inquiry. There are, however, two symptoms so generally present, so obvious, and so significant of more than mere eccentricity or natural "queerness," that we would point them out as specially worthy of attracting attention.

The first of these is a *change in habits*. Whenever the man or woman who has for years been known as tidy becomes slovenly, as penurious becomes lavish, as taciturn becomes talkative, as serious becomes gay, as sedate becomes restless, as loving becomes surly, as confiding becomes suspicious, or the reverse, the gravest fears may be entertained as to their mental condition. Such is the force of habits on life that any material and sudden change in them can hardly take place unless associated with a disturbance of the central mental power itself.

It is hardly possible for the strongest argument applied to the reason to bring about such an alteration, however desirable it may be. The careless man, habitually neglectful of his own interests, unpunctual to his engagements, forgetful of his promises, loose in his dealings, may be, for all that, an excellent man at heart, and earnestly wish to reform his habits. He finds it most difficult to do so, practically, indeed, out of his power; and should he abruptly change in all these respects to what ordinarily would be esteemed much more praiseworthy courses, the suspicion may be justly entertained that it may prove a sign of mental weakness rather than of strength. Sudden conversions, violent reformations, are proverbially of short persistence, and are often signs of diminished rather than increased mental power.

Another most common symptom of the earliest stages of insanity is a condition of mental isolation. The social ties are loosened. This may present itself as an increasing selfishness, an indifference to the comfort of others, compared with the patient's own well being, an excessive care of his health, and coddling about sanitary matters. His conversation becomes distinctly more about himself and his own personal interests than heretofore. They are magnified in his eyes, quite out of proportion, and both his infir-

mities and his capacities occupy his attention more than before. This morbid magnifying of self has been, indeed, a mild mental epidemic, which has afflicted the world at times within the last century.

Frequently associated with it, and a step further in the direction of alienation, is the suspicion of others. This often begins with a diminution of the natural affections, passing into distrust and dislike. Not a few great men in history have suffered under the mania of persecution. Discouraged in their ambitions and brooding over their failures, they attributed the natural results of their actions to a plot to injure them. They saw conspirators in their best friends; and all that they had gained of fame and money but rendered them more wretched in view of the amount they had to lose.

Probably no general symptoms of insanity are more constantly present than these we have mentioned, and for that very reason we have thought it not amiss to bring them to the notice of the readers of this journal, as those for which they should be most on the lookout.

Notes and Comments.

Therapeutical Notes.

COTO BARK IN DIARRHŒA.

Dr. G. B. Grandall writes to the *Therapeutic Gazette*, for January, 1880, that he has found the following formula successful in a case of diarrhœa with tubercular complications:—

℞. Fl. ext. coto bark,
Comp. tr. cardamon, āā ℥ ij
Mucilage acacia,
Sprup, āā ℥ ss
Cinnamon water, q.s. ad ℥ viij. M.

Sig.—Teaspoonful every three hours.

REMEDY IN MUGUET (THRUSH).

Dr. Vivier observes, in *Progrès Med.*, March 27, 1880, that by far the best application in this disease—that of Bazin—has almost fallen into oblivion, which he attributes to the fact that Bazin never published a formula. After numerous trials Dr. Vivier recommends the following, which constitutes a mode of treatment incomparably superior to any other: Distilled water, 25 grams; alcohol, 5 grams; and corrosive sublimate 60 centigrams. The patches of muguet are to be swept over by means of a pencil moistened in this, once, twice, or three times a day, according to the rapidity of the reproduction of the cryptogam. In spite of the poisonous character of the agent, its application is made without danger and always with rapid success, unless the patches are inaccessible by being placed in the phraynx or at the back of the velum. The application has only one inconvenience—that it must be made by the practitioner himself; but the rapidity of the cure amply compensates for this.

Defect of the Pericardium.

Dr. Hans Chiari describes, in the *Wiener Medizinische Wochenschrift*, for April 3d, a case of almost complete deficiency of the parietal pericardium. The subject was a man, aged 46, who had died of cirrhosis of the liver and tubercular peritonitis, with old tuberculosis of the apices of the lungs. No special physical signs had been noticed during life, on the part of the heart, except accentuation of the second sound in the pulmonary artery, which was attributed to the state of the lung. On removing the sternum, the heart was found lying quite free in the left pleural cavity, in immediate contact with the median surface of the left lung. Both lungs were adherent at the apices, and were here the seat of old indurations enclosing cheesy and calcareous masses; elsewhere they were œdematous. The apex of the right lung formed a separate lobe about the size of a hen's egg; and the upper lobe of the left lung was divided into two by a nearly horizontal fissure. The heart, which appeared normal in structure, lay in its normal situation with regard to the thoracic walls. The mediastinal layer of the left parietal pleura was found to the right of the heart, and extended into the right half of the thorax. From its left surface, along with the visceral pleura for the left lung, the visceral pericardium was developed, proceeding forward from the hilus of the left lung. The transition from pleura to pericardium was for the most part direct, without folds. Only at the part where the pleura passed over the vena cava inferior there was a duplicature about three centimetres (1¼ inch) in depth, which, gradually becoming a crescentic fold, could be followed for seven centimetres (2¾ inches) along the posterior circumference of the auricle, as far as the hilus of the left lung. This duplicature contained some adipose tissue. The mediastinal layer of the right parietal pleura was in its usual situation. The mediastinum was only three centimetres wide; it contained a little fat, and the usual structures (aorta, œsophagus, etc.) in their nor-

mal position. The left phrenic nerve alone was abnormal in position; it lay on the outer surface of the pleura, where the mediastinal passed into the parietal portion, crossing the heart obliquely to the diaphragm, into which it passed at an almost right angle. The diaphragm itself appeared quite normal, except that the middle division of the central tendon was somewhat smaller than usual.

Alterations in the Alimentary Tract in Pulmonary Consumption.

Dr. Mazotti states, in the *Bullotino delle Sienze Mediche*, for January, 1880, that in fifty necropsies performed on patients who had died of pulmonary consumption, he found lesions of the alimentary tract in 38; in the remaining 12 no such lesions were present. In 37 of the cases so affected the lesions consisted of ulcers situated either on the tongue, pharynx, stomach, or large or small intestine, but not in the œsophagus or rectum. In all cases, with one exception, the lesions were multiple, ulceration of the tongue, pharynx, or stomach existing simultaneously with ulceration of the intestines. In 12 cases the lesions were confined to the small intestine; in 5 to the large, while in 20 they affected both viscera. The author observes that, in cases where ulceration has been confined to the small intestine, the large has frequently contained solid fecal matter, thereby demonstrating a fact already remarked on by Niemeyer, that ulceration of the small intestines may exist without giving rise to diarrhœa. As a rule, the number and extent of the intestinal ulcerations bore a constant relation to the pulmonary lesions. In the small intestine the ulcers were generally seated in the lower portion of the ileum, although in some cases they were confined to the ileo-cæcal valve, while in others they extended as high as the jejunum, and even duodenum. These ulcers, in the earliest stage, appeared as small white spherical bodies of the size of a pin's head, springing from the mucous membrane. At a later stage they became larger, and the mucous membrane had shrunk away from their summits, thus leaving punctiform ulcers. In some cases the ulcers were situated on Peyer's patches, and were multiple. In the large intestine the lesions were, as a rule, confined to the ascending colon, though, when numerous, they were also found in the cæcum and around the vermiform appendix. The author remarks on the extreme rarity of tubercular granulations in the large intestine as compared with the small. The article extends to a considerable length, an analysis of each case being given, and ample references made to the literature of the subject.

An Improved Method of Applying Antiseptic Vapors.

Prof. Giuseppe Corradi, in *Gazetta Medica Italiana Provincie Venète*, January, 1880, commences with a review of what he considers the chief advantages and inconveniences of the antiseptic method as at present practiced. Besides the danger of carbolic acid poisoning, which he believes to be always present when large injections of the acid are used, and the irritation of skin frequently produced by the gauze, there is the extreme discomfort caused to the surgeon, whose eyes and throat are irritated by the spray, and who is precluded from the use of such instruments as the galvano-cautery, or the thermo-cautery of Paquelin. To obviate these inconveniences, the author suggests and has practiced a method by which a jet of chemically pure air, impregnated with the fumes of carbolic acid or other volatile disinfectant, can be made to play upon the part to be operated on. This object he accomplishes by means of a fan, giving a continuous blast, the air to supply which is made to pass previously through a diaphragm of wadding. By this means it is deprived of all its "atmospheric dust." The air as it leaves the fan is next conducted into a Wolfe's bottle, one-third filled with pure, anhydrous, carbolic acid. Here it becomes strongly impregnated with the acid, and thence passes into an India-rubber tube with a rose end, which distributes it in the immediate neighborhood of the operation, or, if preferred, exactly over the spot. The author has also made trial of sulphuric acid instead of carbolic, but does not recommend it. By fitting a supplementary pipe to the main tube, he has been able to add the vapor obtained by burning various substances, such as charcoal and benzoin, leaves of uva ursi, tobacco, etc. He has already practiced this method successfully in one capital operation, but would be glad to learn the experiences of any who are able to apply it on a large scale.

The Use of Alcohol.

The *British Medical Journal*, April 10, 1880, states that M. Leven has been hard at work on the question of the quantity of alcohol which should be taken to facilitate digestion, and, consequently, the assimilation of food. He demonstrates, by conclusive experiments, that an excess of alcohol, viz.: 75 grams of brandy to 200 grams of meat, completely arrests digestion; while 25 grams of brandy with the same weight

of meat will, on the contrary, have a very powerful effect on the digestion. The quality of the alcohol used is of no less importance. Dr. Rabuteau, whose chemical researches give authority to his dicta, has studied the comparative action of the different alcohols of commerce with the greatest care. Ethylic or vinous alcohol has always yielded the best results. His numerous experiments show that even an excess of this kind of alcohol does not produce the injurious effects that are brought on by even moderate use of the majority of the alcohols of commerce, and especially of that variety which contains amylic alcohol. According to him, it is this kind which produces the lamentable results of alcoholism.

Diabetes and Sepsis.

Dr. Roser, in *Deutsche Med. Wochenschrift*, January 3, 1880, calls special attention to the occurrence of gangrenous or ulcerative processes in patients suffering from diabetes. As a rule, in cases of gangrene occurring without any definite cause, the tendency is to attribute it to some septic agency. Roser, however, points out that, in these cases, diabetes is often present, and where this is the case, he states that a cure may be obtained by attention to diet, etc., without any special antiseptic measures. In support of this view, he cites a case from his own practice, of progressive gangrenous inflammation of the foot cured by anti-diabetic diet; other cases occurring in his own practice, in that of Küby, Marchal, and others. Reference is also made to cases of sudden death, which often occur in diabetic cases, and which may happen after even slight operations. He confirms Marchal's statement that, "in cases of obstinate furuncular eruption of carbuncle, diffuse phlegmonous inflammation, gangrene, etc., the urine should always be examined for sugar."

Remarkable Case of Precocious Viability.

Prof. Bailly reports, in *Archives de Tocologie*, the remarkable case of a viable infant at the age of six months and twenty days. The mother had a miscarriage at the beginning of 1877, after which menstruation became regular, taking place for the last time from July 3d to 9th, 1877. On January 28th, 1878, she gave birth to a male infant. This was wrapped in wadding and kept in an artificial temperature. It was fed at first with diluted cows' milk, and afterward with its mother's milk, being unable to suck at first. At its birth, the ring of its father passed over its foot to near its knee, and on the thirteenth day the infant weighed 1250 grams (2½ pounds). At the end of a week it began to take the breast. At the date of this report, December, 1879, the child had sixteen teeth, weighed ten kilogrammes, walked with agility, could pronounce some words, and was as intelligent as other children at that age.

The Condition of the Eye during Sleep.

Dr. Plotke, in *Archiv für Psychiatrie*, Band x, says that during sleep the pupil is contracted, and the deeper the sleep the greater the contraction. Light causes the pupil to contract the more, the less deep the sleep is: in the profoundest sleep, light has no effect on the pupil. Sensory and auditory stimuli cause dilatation, which is more marked the lighter the sleep. The pupil dilates to its utmost at the moment of wakening; the dilatation takes place even though a strong light is shone into the eye. The narrowing of the pupil during sleep is due to the tonic contraction of the sphincter; the dilatation is due, probably, to the inhibition, or cessation of the action of the sphincter. There are good reasons to doubt the existence of a special dilator of the pupil. The cornea is dim during sleep, very likely owing to the absence of winking movements; and the eyeballs move, frequently independently of one another, thus occasioning a squint.

Atropine Eczema.

Dr. Julius Donath, of Baja (Hungary), records, in *Wiener Med. Wochenschrift*, No. 12, 1880, a case where the introduction of a few drops of a 1 per cent. solution of sulphate of atropia into the eye was invariably followed by severe eczema and pseudo-erysipelatous swelling and redness of the face and neck. The patient was a woman of forty-five, of good constitution, with chronic disease of the left eye giving rise to corneal opacity and synechiæ.

The Effects of Temperature on Syphilis.

M. Diday remarks, in *Annales de Dermatologie et de Syphilographie*, Jan. 25th, 1880, that he noticed an intensity and a tenacity of syphilis in patients subjected by their occupation to cold and damp. From the end of August, and especially during the months of September and October, 1879, he noticed a special intensity in the character of the disease among his patients. The symptoms were frequently more severe; the various manifestations succeeded each other at shorter intervals than usual; relapse occurred

after a period which is generally the guarantee of a definite cure; and specifics did not act with their accustomed curative effect. Twelve cases are given in illustration of these various points. M. Diday is inclined to attribute the above mentioned peculiarities to the prolonged low temperature of the spring and part of the summer months during 1879.

Hemeralopia.

Dr. Gama Pinto, in *Correio Medico de Lisboa*, January, 1880, considers that in the great majority of cases of this affection the prognosis is very favorable. He excepts only congenital hemeralopia, and an asthenic form which lasts months, or even years. In "crepuscular amblyopia," depending on prolonged excitation of the retina, the author considers it important to protect the eye from strong light; but this indication can be sufficiently fulfilled by the use of a shade or of smoked glasses. Isolation in a dark room, and other severe methods of treatment, as recommended by Netter, are, to say the least, unnecessary. Cod-liver oil, tonics, a generous diet, and subdued light, have afforded the best results in the author's experience. In obstinate cases, he recommends injections of strychnine, together with the continuous current.

Correspondence.

A Singular Malformation.

Ed. Med. and Surg. Reporter:—

I was called on February 27th, 1880, to make a post-mortem on a new-born babe. There was nothing unusual in the labor. There was no indication of anything being wrong with either mother or child until the labor was terminated. The babe was well formed and strong, but it did not breathe, making only a few spasmodic efforts, and all was over with it. The attending physician said he felt for the heart, but could not find it in the normal position; making still further examination, he detected the heart pulsation, with considerable force, in the right axillary space. It pulsated only for a short time and ceased. No efforts to restore its action amounted to anything.

About six hours after birth I was called to make the post-mortem. I found a male child, well developed, good size, would have weighed ten pounds. From inspection there was no apparent reason for death. On opening the chest we found the left thoracic cavity entirely filled with the small intestines, stomach and spleen. The left side of the diaphragm was not developed, there being only a trace of it around the chest walls. The two cavities were thus made one, allowing the intestines, stomach and spleen to occupy the thoracic cavity. The heart was pushed over into the right side, where the doctor had detected its pulsations; it was small, but had been sufficient for fœtal life and development. The lungs were not developed, being pressed into the apices, mere rudimental tufts of lung tissue. No air ever entered them, so that extra-uterine life was not possible. The post-mortem gave entire satisfaction to the friends, and fully explained the cause of death.

Hagerstown, Ind. C. N. Blount, M.D.

Ergot in Ante-partum Hemorrhage from Separation of the Placenta from its Uterine Attachment.

Ed. Med. and Surg. Reporter:—

Several years ago I reported for the Reporter a fatal case of ante-partum hemorrhage caused by the separation of the placenta from its uterine attachment. Since then I have had two more cases of ante-partum hemorrhage arising from the same cause, but, unlike the former, both recovered. I attribute their recovery to the complete checking of the hemorrhage by the administration of ergot in sufficiently large doses to produce ergotism and maintain a persistent contraction of the uterus, until the child is expelled. I theorize that the permanent contraction of the uterus constringes the bleeding vessels ruptured by the separation of the placenta. The vessels being thus closed, the hemorrhage ceases and the woman's life is saved. The death of the child is a foregone conclusion, from the very nature of the accident. Nothing less than the Cæsarean section, and that performed very soon after the accident had occurred, would afford the least hope of saving the life of the child. Believing that the above plan of treatment affords the best chance of saving our patient, I submit it to the test of experience by the profession.

H. Nye, M.D.

Enon Valley, Pa., May 13th, 1880.

Simple Treatment for Infantile Intertrigo.

Ed. Med. and Surg. Reporter:—

Reading in one of your late issues treatment for the above trouble, I venture to place before the readers of the Reporter my treatment for the past twelve years, which is easy and successful.

I dust the affected parts well with finely powdered red cinchona bark, after washing well and drying, not by rubbing, but by dabbing with a soft towel. If the alvine evacuations are acid or in any way irritating, make use of the necessary means to correct them. The application to be made every time the child is changed, and at no time allow soiled or wet diapers to remain on the parts. The cure is speedy if the mother does her part, and after she once sees the treatment, need never have a severe case in her family if she obtains the brown powder, as they call it. So far I have never had reason to change it for a better remedy. In it we have a tonic and an astringent, which the most of the common remedies do not possess, and its application is so easy that the mother finds little trouble in carry-

ing out the physician's directions, which is not always done in a more routine treatment.

GEO. HENDRY, M.D.

Zilwaukee, Mich., May 14th, 1880.

NEWS AND MISCELLANY.

Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons.

The fifth annual session will be held at the Institution for Feeble Minded Youth (Dr. Geo. Brown's), Barre, Mass., commencing Tuesday, June 8th, 1880, at 3 o'clock, P.M.

The following papers will be presented and discussed:—

1. "On Epilepsy," Dr. Geo. Brown, Barre, Mass.

2. "On the Psycho-physiological education of an idiotic eye," Dr. E. Seguin, New York.

3. "Some false impressions that prevail as to the nature of idiocy," Dr. H. B. Wilbur, Syracuse, N. Y.

By resolutions of previous sessions the following reports will be made at Barre:—

"On Bibliography of Idiocy, etc.," Dr. H. B. Wilbur, chairman (minutes p. 43).

"On Statistical Records," Dr. G. A. Doren, chairman (minutes p. 45).

"On Causation of Idiocy, etc.;" Superintendents reporting illustrations from cases received into Institutions for past year (minutes p. 43).

"On Status of the work before the people and legislatures of the various States" (minutes p. 43).

"On Development and Progress of the Institutions represented."

"Improvements in School Training and Hospital Care introduced during the past year."

"Clinical reports of special cases" (minutes p. 41). ISAAC N. KERLIN, Secretary.

Media, Pa., May 1st, 1880.

State Hospital for the Insane of the Southeastern District of Pennsylvania.

Applications in writing will be received by the undersigned, until the 25th day of May, 1880, for one male resident Physician, one female resident Physician, one male assistant Physician, and one female assistant Physician, for said Hospital. Applicants for these places will accompany their applications with their reference.

By order of the Board. E. G. MARTIN,

Allentown, Pa. *Sec'y.*

Association of American Medical Editors.

The annual meeting of the Association of American Medical Editors will be held on Monday evening, May 31st, in the parlors of the Fifth Avenue Hotel, New York.

The annual address will be delivered by the President, S. T. Powell, M.D., of Atlanta, Ga.

The question of the advisability of the general adoption of the metric system by the American Medical Press will be brought forward for discussion.

All medical editors are cordially invited to be present, to participate in the meeting.

F. H. DAVIS, M.D.,

Chicago, May 10th, 1880. *See'y.*

Stereoscopic Microscopy.

The *Lancet* informs us that at the close of the meeting of the Pathological Society, on Tuesday, April 20th, Dr. Heneage Gibbes gave a very interesting demonstration, showing how it is possible to get with one-twelfth oil immersion a stereoscopic effect with the ordinary binocular microscope, both fields being perfectly illuminated. The interest will be appreciated when it is added that by this means epithelial cells were not seen as flat scales, but as spheres, standing out in all their rotundity, and that the precise relations of cells and fibres, layer by layer, could be thoroughly appreciated. This, of course, gives a much more accurate impression of the structure under examination than can be obtained by the ordinary method of examination. The specimen used for the demonstration was also of considerable interest, as it well and clearly showed dividing epithelium in the skin of the embryo salamander.

A Poor Widow's Picture and the Doctor.

The *Med. Times and Gazette*, April 17th, 1880, relates the following:—

A poor Hungarian widow, living in a garret at Limehouse with her deaf and dumb son, was overtaken by hard times and fell ill. Some kind people went to her aid. They found the room wretchedly furnished, but covered all over with colored prints and engravings. Looking over these, a hundred pound note was discovered pasted between a cut from the *Illustrated London News* and a business card. The discoverers doubted their eyes, and the doctor, who had been sent for, coming in at the time, was made aware of the circumstance. An attempt to detach the engraving from the wainscot failed; and, by direction of the medical man, the piece of panel was cut out, taken to the Bank of England, and cashed, when the doctor explained that the proceeds would be lodged to the credit of the old lady. It seems that she had picked up the note two years ago, and seeing in it only a picture, fixed it on the wall of her room, where it remained an unsuspected treasure.

Sudden Death of Physicians.

Dr. Hugh Williamson, of No. 217 East Forty-seventh street, New York, while on a professional visit, was suddenly stricken with paralysis, and died soon after.

Dr. Chesley Martin, a leading physician, died suddenly at Chatham, Va., on the 8th instant, of paralysis.

—The Ninety-first Annual Session of the Delaware State Medical Society will be held at Dover, 12 M., June 8th. Orders for reduced rates of fare may be had upon application to the Secretary.

G. W. MARSHALL, *Secretary.*

Milford, Del., May 15, 1880.

Consumption of Quinine.

The *Presse Med. Belge* says that, according to a statistical calculation of the amount of quinine consumed in the universe, it appears that 100,000 kilogrammes of the sulphate, valued at 56,000,000 fr., are consumed annually. If we add the value of the other salts—as the chlorhydrate, bromhydrate, etc.,—which may be put at about 2,000,000 fr., we have a total of 58,000,000 fr., expended for this one drug annually.

OBITUARY NOTICES.

—Dr. Samuel Choppin, of New Orleans, died on the 2d inst., of pneumonia, after three days' illness. He was born in West Baton Rouge, La., October 20th, 1828, and graduated from the Medical Department of the University of Louisiana in April, 1850. He spent the ensuing four years in England, France, and Italy, continuing his medical studies. Returning to America he established himself as a surgeon in New Orleans in 1854. He was elected President of the Louisiana State Board of Health the following year, and from that time to 1867 was Professor of Surgery in the New Orleans School of Medicine. Up to 1858 he was also House Surgeon to the Charity Hospital. During the late war he rose to the highest medical position in the Confederate Army, that of Medical Inspector-General, beginning in 1861 as a commissioned surgeon, being promoted to be a Medical Director for the next year, and to the higher office in 1863. He filled this office until the close of the war. After the war, and when the Government of the State was restored to the people, Dr. Choppin became President of the Board of Health of the State. He was also a member of the Public Health Association, having been elected in 1874. Since that year he has been Professor of Clinical Surgery in the Charity Hospital Medical College. Dr. Choppin was a well-known medical writer for professional publications, especially for the New Orleans *Medical News* and *Hospital Gazette*. Of this periodical he was the editor from 1854 to 1857. In 1853–4, Dr. Choppin published a work entitled "Notes on Syphilis," being a translation of lectures by Ricord. Among other noteworthy literary productions written by Dr. Choppin are papers upon "Ligation of Brachial Artery," and "Removal of Uterus and Ovary." During the yellow fever epidemics of 1878 and 1879 Dr. Choppin took a very prominent part in the work of caring for the victims of the scourge, rendering most excellent service, and earning the gratitude of all citizens. Dr. Choppin was twice married. His first wife, to whom he was married in October, 1857, was a daughter of Daniel Roberts, of Guernsey, England. He married his second wife, a daughter of Dr. James Metcalf, of Mississippi, in 1862.

QUERIES AND REPLIES.

Dr. M. P., of Michigan.—We have no personal knowledge on the subject, and would refer you to the Army Medical Department for information.

Dr. J. E. A., of Ill.—Authorities will always differ on such questions, and the only true and safe guide is to closely watch the effect produced by small and frequent doses, gradually increased, if necessary, until the desired effect has been obtained.

Dr. J. W. Compton, of Ind., in reply to query of Dr. L. G. A., of Ky., in our issue of May 8th, suggests the daily application of tinct. ferri. chlor., by means of a camel's hair pencil. If the warts be branching, they should be separated, so that the remedy may be applied to every part thereof. He says that it has been a never-falling remedy with him during a practice of twenty years. He thinks this is due to its astringency, whereby the constant discharge of an irritating fluid which coming in contact with healthy skin produces new warts, is arrested.

Dr. S. T. Armstrong, of Wabashaw, Minn., suggests cutting the warts and powdering their cut surfaces with calomel. If this should fail, he recommends their entire removal, together with part of the surrounding healthy tissue, with a pair of scissors, after which a single application of chromic acid should be made to the raw surface. Keeping the parts clean will afterward prevent their reappearance.

Dr. G. E. M., of Boston, Mass.—Gun cotton is soluble in a mixture of one part, by fluid measure, of alcohol to three parts of sulphuric ether. There should, as far as we know, be no precipitation, unless water or glycerine be added. A chemist would, however, perhaps be able to give you more definite information.

MARRIAGES.

ALLEN—KLOTS.—At Bergen Point, N. J., Thursday, May 6th, 1880, by the Rev. Dr. G. H. Walsh, Mrs. A. Twybill Klots and Dr. C. D. Allen.

FURMAN—MARTIN.—In New York, on Wednesday, April 28, at Fourth Avenue Presbyterian Church, by Howard Crosby, D.D., Guido Furman, M.D., and Adaline E. Martin.

LEE—PORTMESS.—At the residence of the bride's mother, in Flora, Ill., on the 28th of April, by Rev. A. McFarland, Dr. Thomas L. Lee and Miss Ella L. Portmess, both of that place.

MACK—HOUGH.—On Wednesday, May 5th, 1880, at the residence of the bride's father, Dr. T. C. Hough, by the Rev. H. W. Jones of Philadelphia, W. A. M. Mack, M.D., and Miss Ida W. Hough, all of Elizabeth, New Jersey.

SHAND—TRACY.—On Saturday, April 10th, at the British Legation, Berne, Switzerland, Henry Miller Shand, M.D., of Aberdeenshire, Scotland, and Mary Greenleaf, youngest daughter of the late Frederick Tracy, of New York.

SHERBURNE—HASKELL.—On April 20th, 1880, by the Rev. Dr. Rumney, of St. Peter's Episcopal Church, Germantown, Samuel Sherburne, M.D., of this city, and Miss Ida L. Haskell, of Blandford, Mass.

SKINNER—CLARK.—On May 6th, at the Presbyterian Church, Glasgow, Del., by Rev. J. L. Polk, Dr. N. S. Skinner and Miss Annie S. Clark, all of New Castle County, Del.

DEATHS.

ADAMS.—In this city, on the 11th inst., Dr. George W. J. Adams, aged sixty-nine years.

BEEKEN.—On the 12th of April, Dr. Carl Beeken, at Steinrade, near Rendsburg, aged 61 years.

BURRIDGE.—In New York, on the 14th inst., Emma Frances, only daughter of Dr. L. S. and E. F. Burridge.

JOHNSON.—At Ansonia, Conn., on the 4th inst., Dr. William Johnson, son of Lydia and the late William Johnson, aged 31 years.

WEBB.—Dr. Joseph T. Webb, at Minneapolis, Minn., on Tuesday, April 27th.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1213.] PHILADELPHIA, MAY 29, 1880. [Vol. XLII.—No. 22.

Original Department.

Communications.

MINERAL SPRINGS OF SARATOGA.

Résumé of a Paper read before the Albany (N. Y.) County Medical Society,

BY W. O. STILLMAN, M.D.,

Of Saratoga,

Member of the Albany County Medical Society, Fellow of the Albany Academy of Medicine, Member of the American Association for the Advancement of Science, etc.

(*Concluded from page 449.*)

III. MURIATED CHALYBEATE WATERS.

Most Valuable Springs.—Columbian, Washington, Putnam, Hamilton and Pavilion. The springs are mentioned in the order of their estimated therapeutic worth; the strongest (not as per analysis) first.

Constituents and Modus Operandi—Therapeutics—Affections Characterized by Debility.—This is the keynote of the therapeutics of chalybeate waters. Anæmia being the most constant of its attendants, and to this iron is as food to the starving. Again we meet with the old shibboleth of complaining—non-assimilation. The alimentary canal seems to lack the power of taking up the iron, which is as plentiful in the food as ever, perhaps. Thus it is not deficiency of iron in the aliment, but inability to seize and possess it, which characterizes many cases of anæmia. The iron waters are applicable to all forms of anæmia, from whatever cause, unless there are idiosyncrasic objections. In the convalescence from fevers in the young and growing, in city people and sedants, and in chronic malaria, it is the constant Mecca to which the disease bows. When the anæmia depends upon drains, such, for instance, as are peculiar to females, as menorrhagia, leucorrhœa, chlorosis, dysmenorrhœa, amenorrhœa, nursing, etc., they are imperatively demanded. In leucorrhœa they seem to lessen the secretion, doubtless by giving tone to the relaxed parts. In fluxes of all kinds, whether from the bowels, lungs, nose, from piles, etc., they are useful to restore the impoverished blood to its normal condition. In the second instance a more styptic form of iron is usually desirable. In anæmia of the brain the happiest results may sometimes be produced.

Strumous Affections.—The value of iron in scrofula and rickets has long been extolled. The presence of lime increases its potency, and renders them particularly useful in "town-dwelling women" (Ringer), who are apt to be deficient in this element. In struma the small amount of iodine present in some of the alterative waters, combined with the iron waters, produces very satisfactory results.

Catarrhal Affections.—In this class of cases the waters appear to act as alterative, and astringent and tonic to the mucous membranes. In catarrh of the stomach, associated with atonic dyspepsia, they relieve the nausea, cleanse the diseased surface, and promote appetite and digestion. They are also useful in catarrh of the intestines and bladder. In the latter chalybeates claim and are awarded especial efficacy. It has been held that a special action is exerted on the mucous membrane of this part by ferruginous agents. In some instances the Red Spring has done better. Acid urine is neutralized by these waters.

Miscellaneous Affections.—In some forms of neurasthenia, unassociated with cerebro-spinal

plethora, the tonic waters do good. Also in hysteria, cystitis, acid diarrhœa, etc. In difficulties arising from anæmia, as sterility, etc., the waters are curative, but of little or no value in gout or hepatic affections. They have also been recommended in epilepsy and chorea.

Administration.—The dose ordinarily is from ½ to 1 glass, two or three times a day, depending somewhat upon the ability of the patient to bear the iron without producing head symptoms or constipation. In cerebral anæmia* large quantities can be tolerated. The time to drink the tonic waters is a short time before or after eating, or at bedtime. Before meals is the best time usually, as there are objections to the other times. The iron waters do not bottle satisfactorily, and should be taken at the springs.

IV. ALKALINE MURIATED WATERS.

Most Valuable Springs.—There are but two deserving to be called alkaline: the Vichy and Seltzer.

Constituents and Modus Operandi—Therapeutics—Gastric and Intestinal Affections.—In indigestion the alkaline waters have long ranked as almost specifics. Undoubtedly there is a good deal of influence external to the springs brought to bear in these cases; still there is a large grain of scientific truth operating. A law recently formularized by Sidney Ringer ("Therapeutics," p. 131), throws much light on this action. He says that it is known that "acids check acid but increase alkaline secretions; while dilute alkalies stimulate acid secretions." Thus a mild alkali taken shortly before eating stimulates the acid secretions of the stomach, and exerts a curative action on dyspepsias dependent upon a deficiency of gastric secretions. These forms of dyspepsia are frequently attended with cardialgia, pyrosis, palpitation, headache, diplopia, hypochondriasis, etc., which are accordingly relieved. It is imperatively necessary to keep the bowels in good order, that the dyspepsia may be cured. In nausea and sea sickness they are of great value, the alkali having a sedative power over the stomach, and the carbonic acid gas performing its useful office of restoring perturbed innervation. Niemeyer highly extols the use of alkaline waters in ulcer and gastritis. I am not familiar with the effects of Vichy in such cases. In acid diarrhœa and catarrh of the intestines it has yielded very satisfactory results.

Hepatic Affections.—In icterus, whether depending upon catarrh of the hepatic ducts, biliary calculi, or congestion, it is nearly equally valuable. Its great efficiency in biliary calculi is impressed by Frerichs ("Diseases of Liver," N.Y., 1879, pp. 215, 216). He says, "These mineral waters have certainly proved the most efficacious remedies against gall stones. In many severe cases I have directed my patients to go to Carlsbad, and they have returned cured." He also adds that French physicians also speak in the same terms of Vichy. In ordinary biliousness, depending upon torpidity, it is very useful. Also in acute and chronic congestions of the liver, and in enlargements from malarial causes. Its oxidizing influence suggests its use in fatty degenerations.

Urinary Affections.—Vichy water speedily relieves the effects of acid urine, the scalding pain which is so excruciating in cystitis, gonorrhœa, etc. Hartshorne recommends Vichy or alkalies, in gravel, or cystine or oxalate of lime calculus, but cautions against its use in phosphatic and mulberry calculi. The French Vichy has secured a wide reputation for the relief of diabetes mellitus, through restraining the production of glucose and oxidizing the sugar. It is doubtful if permanent cures are effected. Our own Vichy has not yet established itself a name in the treatment of this affection. Partial suppression and catarrh of the bladder have been benefited by Vichy; the former when due to congestion or choking up of the renal tubules by mucus or casts.

Miscellaneous Affections.—Frequent mention has been made of the usefulness of these waters in obesity, free living, and their attendant consequences. Alkaline waters increase oxidation and promote the destruction of tissue. They are of little use in gout, but are decidedly indicated in acute articular rheumatism, especially where many joints are involved, and there is a high fever, acid sweats, and a loaded urine. External applications of the waters should also be made.

Cutaneous Diseases depending upon acid secretions are benefited, and the waters may be applied locally to control the weeping surface in scabies, eczema, etc. The discharge of ulcers and leucorrhœa is also lessened sometimes; likewise the laryngeal catarrh of public speakers and singers. They have proved beneficial in some forms of debility and neuralgia, and hypochondria depending upon a disordered liver. In anæmia and scrofula they are contraindicated.

Administration.—The dose of Vichy, for acidity, is part of a glass, repeated as necessary. For constitutional effects a number of glasses daily, regulated somewhat by the condition of the

*When anæmia depends upon cancer, gray kidney, morbis cordis, etc., the treatment is acknowledged palliative only.

urine. The Seltzer is used as a table water, and the dose is not limited. The time to take, for the general effect, is some little time (about half an hour) before eating, and at bedtime. The amount of saline which the Vichy contains renders it less impoverishing to the blood than the German or French waters.

V. SULPHUROUS AND SULPHURETTED WATERS.

Most Valuable Springs.—Of the three sulphur springs near Saratoga, two are fitted up with bathing facilities, and each is known as "The White Sulphur Spring." One is at the lake; the other north of the village.

Constituents and Modus Operandi—Medical Application and Uses.—The sulphurous springs have been mostly used as a means of external treatment in chronic skin diseases, rheumatism, neuralgias, catarrh, gout, etc. To a limited extent, also, they have been used internally in the treatment of the same affections, especially in chronic eruptions of the skin, of the dartous family, as acne, psoriasis, impetigo and eczema. They are likewise said to be uséful in chronic rheumatism, chronic gout and chronic lead poisoning, but the external administration is almost universal in this class of cases. The use of baths is not desirable until the subsidence of the acute stage in eczema and psoriasis, otherwise irritation alone will ensue. Obstinate forms of skin disease. which have resisted all other modes of treatment. frequently yield to sulphur baths.

The adaptation of these waters to so many forms of skin affection is explained by a recent writer (Hartahorne), in speaking of the rationale of the treatment of this class of diseases. He says: "The most essential part of the treatment of chronic diseases of the skin is either alterative or antidotal. Parasitic affections, as scabies, favus, mentagra, etc., require the destruction of the epizoon or epiphyte by an antidote. Others, as eczema, lichen, impetigo, lepra, etc., when at all obstinate, are treated in the same manner essentially, to whichever class the diseaae may belong. * * * Any means which will hurry the removal of the old, diseased skin, and favor the construction of a new layer, will be curative, whether it be only soap, water and frictions, mercurial ointment, vesication, or the actual cautery." Weak solutions of the sulphides strongly stimulate the skin, augment its vascular supply and act on the audoriferous glands. Sulphuretted hydrogen is likewise a powerful cutaneous stimulant.

Administration.—The baths are usually given in the morning, and may be taken anywhere from daily to once or twice a week, according to the indications of the case. Daily, or alternate days, usually yield the best results. For rheumatism, gout, etc., thermal baths are greatly preferred. When used internally, six or eight glasses may be taken daily, between meals.

CONTRAINDICATIONS.

1st. The waters are unadvisable in confirmed consumption, advanced Bright's disease, and in all malignant diseases, as cancer, etc. The latter is a general axiom in hydrology. The climate is good for consumptives and those suffering from advanced disease of kidneys, but the waters are not.

2d. In a less emphatic degree the waters are unadvisable in organic disease of the heart and great vessels, in tendency to cerebral disease, and in all cases of acute inflammation, or exacerbation of chronic affections, or in phosphatic urine.

3d. As a rule the waters should not be much partaken of at, or within two or three hours after, meals. Mixing of drinks and taking too large a quantity should be carefully avoided, as it may produce emesis, "pain in the back, hæmaturia, muscular prostration, a coated tongue and loss of appetite."

4th. Care should be taken in using the cathartic and diuretic waters when suffering from cold or much fatigue. The iron waters should be cautiously used in tendency to cerebral hyperæmia, and constipation, or idiosyncrasy. Alkaline waters are contraindicated in anæmia, scorbusis, acrofula, albuminuria, etc.

NOTE.—Iron waters are frequently taken just after eating, on account of there being less likelihood of creating headache at such times; alkaline waters just after eating, to relieve acidity. Exercise should be taken in the open air when practicable, while using the waters, and in winter very warm clothing should be worn.

SUMMER HYGIENE OF INFANTS.

BY HORATIO R. BIGELOW, M.D.,
Of Washington, D. C.

To cover thoroughly and in detail so large a field as the present subject demands would require an especial monograph. It is my purpose to suggest some practical hints only, in connection with hygienic treatment of a class of little patients that form a large proportion of a physician's summer clientele. Infants need judicious care and nursing more than they do physic. The failure to observe these conditions is the exciting cause of their diseases, and if it be axiomatic that "an ounce of prevention is worth a pound of cure," then an article upon prophylaxis will be

as valuable as one upon the developed complaint. Too often the physician is utterly ignorant of the duties of the nurse.

Washing the Infant.—The question as to whether the child should be washed immediately after the tying of the cord is one admitting of argument. Dr. Wm. F. Cragin, writing in this journal, under date of January 3d, 1880, deprecates, with all the logic at his command, the common practice of washing the child in warm water at its birth. "Now is it not probable that this exposure to cold and chilling of the body is the initial or starting point, the foundation and the cause of that train of numerous evils and ills which lead to such a fearful mortality? Is it not more than probable that serious injury to, or structural changes of, the delicate molecules and tissues are produced, which lead to disease, present and remote?" The Doctor advises that we should anoint the infant with lard, envelop it in a soft, loose flannel gown, wrap it in a blanket and place it beside the mother, who may suckle it when she feels inclined. In twenty-four or thirty-six hours the infant, being accustomed to the change of temperature, may be washed by the nurse. The practice seems founded on scientific principle and is a good one. But there are many who cannot cut adrift from time-honored custom, and should the child be washed at once the following precautions are necessary: There should be close at hand a soft sponge, Castile soap, sweet oil, and an abundance of warm water (96°–98° Fahr.). The first washing should not be protracted. By oiling the body with sweet oil, the *vernix caseosa* will be removed readily. The cutaneous surface should be gently handled, lest abrasion occur, and should be dried with a soft towel. The only powder which may be used is one composed of equal parts of powdered chalk and carbonate of zinc. The nurse should be instructed to watch for any bleeding of the cord, and should know how to treat it.

Dressing of the Infant.—Churchill enjoins this simple rule: "As regards the dress, the infant requires softness, looseness and warmth; and as regards handling, gentleness and dexterity. The child's neck and arms should be covered at all times, despite the vanity of mothers who would leave them bare. Never will the child have so little power of generating heat or of resisting cold. But, neither should we fly to the other extreme, and after enveloping the little one in endless flannel wraps and fine lawn skirts, surmount the whole with a gauze dress, an embroidered sack and a woolen shawl, to be placed in a cradle covered with blankets and another shawl, with "Baby" embroidered in large letters, to subserve the same purpose, perhaps, for which druggists write "poison" on some of their labels. We desire an even bodily temperature, and not superlative heat. The napkins should be removed as soon as soiled, and the baby should be carefully cleansed before reapplying them. These must never be washed and dried in the mother's sick room; neither should we use a napkin which had been dried, but always a clean one. Flannel should be worn next the skin at all times. There should never be made any change of clothing which would engender a decided reduction of bodily temperature, and it is criminal to remove a child's warm clothing to dress it, as an after-dinner show, in purple and fine linen.

Physic for the Child.—By a wise provision of nature the colostrum found in the mother's milk for forty-eight or seventy-two hours not only affords ample nourishment for the child, but acts as a purgative, cleansing the bowels of meconium. If absolutely necessary, we may administer the half of a teaspoonful of sweet oil at a dose. No other physic is desirable, except in congenital disease.

How soon shall the infant be put to the mother's breast? If the mother shall have passed through her labor without any bad symptoms, the child should be given to her to nurse three or four hours after the labor. This is equally necessary for the health of both. If it be impossible for the mother to nurse her infant, we must substitute one part of cow's milk to two of water, with a little sugar, the temperature of the mixture being 95° or 96° Fahr., and no child should be allowed to nurse oftener than once in two hours.

Sleep.—The child should be placed in a cot by itself, and warmly covered, that it may not inhale a vitiated atmosphere or suffer from any contaminated bodily exhalations. It should not be rocked, or carried in the arms of its nurse. Once accustom it to good habits, and its sleep will never be a matter of inconvenience. Never awaken it suddenly. The more it sleeps the better will it be.

Later Care of the Child, especially During the Summer.—West asserts the startling fact that "at least a third of all your patients will be children, and so serious are their diseases, that one child in five dies within a year after birth, and one in three before the completion of the fifth year." In the report on "Epidemic Cholera, to the Citizens' Association of New York," in 1865, the localizing causes of cholera are given as follows:—

1. Decaying organic matters, bone, hide, fat and offal bouses, neglected stables, putrescent mud and filth.

2. Bad drainage, local dampness, malaria.

3. Obstructed sewers, filthy streets, gutters, stables, garbage and cesspools.

4. Water and beverages in any manner contaminated by putrescent organic matter, particularly by any soakage from privies.

5. Neglected privies and putrefying excrement.

6. Overcrowding and neglect of ventilation.

The successful management of any of the diseases of summer which hinge more or less upon some one of the foregoing causes will depend much more upon a regulation of the hygiene of the child than upon the exhibition of any therapeutical system. Apart from these localized conditions, the most frequent cause of summer troubles is the use of artificial food in which milk is excluded, or the milk of the nurse is unhealthy. Hence it seems most proper that the question of food should first engage our attention.

Food.—In speaking of thrush, Dr. Underwood says (Meigs and Pepper, Diseases of Children): "A principal remote cause of this disease seems to be indigestion, whether produced by bad milk, or other unwholesome food, or by the weakness of the stomach." Dewees remarks: "Children fed much upon farinaceous substances are especially exposed to attacks of this disease, particularly when the food is sweetened with brown sugar or molasses:" and Dr. Eberle says: "Unwholesome and indigestible nourishment, and over-distention of the stomach, during the early stages of infancy, almost inevitably lead to the occurrence of aphthæ. Bad and old milk, and thick farinaceous preparations sweetened with brown sugar or molasses, are especially apt to give rise to the disease."

Dr. Berg. M. Valleix, MM. Trousseau and Delpech have given expression to similar views. The breast alone gives the only food for infants that may be relied upon. Vernois and Becquerel give the following composition of a healthy woman's milk:—

100 parts of milk contain,

Water,	889.08
Sugar,	43.64
Casein,	39.24
Butter,	26.66
Salts,	1.38

Its density should be 1.030–1.032; the amount of cream should be at least three per cent. "The causes which compel us to resort to artificial food for young children, are, of course, very numerous. Thus, it may be impossible, after the death of the mother, to secure a reliable wet nurse; or the mother's supply of milk may be manifestly insufficient; or again, although the quantity is abundant, the milk either disagrees with the child and causes vomiting and diarrhœa, or does not nourish it properly. In every case, therefore, where we have reason to suspect that the mother's milk is of an improper quality, we should subject it to a careful examination."—(*op. cit.*) As to whether it is best to use cows' milk properly diluted, or condensed milk, is a question which has been ably argued on both sides. My general practice is to make use of the former; my exceptional practice is to use the latter in cases of young infants imperfectly nursed, or who, by reason of some idiosyncrasy, are incapable of digesting the casein of fresh milk properly diluted with water. Dr. Edward Smith (Foods, New York, 1873, p. 323) says: "This preparation (condensed milk) has been recommended as a food for infants, and it is much liked by them; but it is an error to assume that a given quantity when dissolved in water will yield new milk, or be as useful as new milk in feeding infants and young children, and it should never be used as a substitute in such cases, whenever new milk can be obtained. * * * Without explaining the medical aspect of the question, I remark that as a food the addition of nearly two ounces of sugar to the pint of cow's milk greatly lessens its nutritive value, and induces a tendency to starvation of the muscle-forming element. Thus, while in natural cows' milk the proportion of nitrogen (flesh forming) to carbon (fat forming) is 1 to 12, in the preserved milk it is not much more than one-half, or about 1 to 20. If the object were to feed an animal for the market, it would be obtained by this method, but if to make infants into strong, muscular men and women, the proportion which nature has provided must be supplied." If the mother, about to start out on a journey, wishes to preserve milk, she will do well to adopt the suggestion of Dr. Parkes, who says that when boiled, "the bottle quite filled, and at once corked up and well sealed, the milk lessens in bulk, and a vacuum is formed above. It will keep thus for some time; a little sugar aids the preservation. If the heat is carried in a close vessel to 250° Fahr., the milk is preserved for a very long time, even for years; the butter may separate, but this is of no consequence;" or if a little carbonate of soda and sugar is added, without boiling, it will keep for ten days or a fortnight. During the first month

of infant life the fresh milk of the cow should be diluted with two parts of water (although the practice is very common among eminent practitioners to give equal parts of each). And this because the milk will be rich enough for a strong child and much safer for a weakly one. It can readily be changed to suit the increasing necessity of the child. At two months the proportion may be one-half, and at five months we may allow two-thirds milk. For the first ten days a child will digest a pint in twenty-four hours; from the first to the second month about a quart. I have said that during the first month the child should be fed every two hours, after that time, once in three hours will be sufficient—this including only two meals during the night—the rest being given between early morning and evening. As the age increases the amount of food may be increased and given at longer intervals. This solution of milk and water should be sweetened with sugar of milk, in the proportion of a heaping teaspoonful to eight ounces of food. If the milk be rejected in large curds, or if there be undigested casein in the stools, we may add to each pint of food an ounce and a half of lime water. When, from any cause, the child rejects the milk, or milk and lime water, we may try Liebig's food, which is made from malt and wheaten flour, the malt (containing vegetable diastase) so acting upon the flour as to transform it into dextrine and grape sugar. An analysis of a preparation of this food prepared from Liebig's formula, and known as Horlick's food, shows it to contain in 100 parts—

Grape sugar,	39.5
Dextrine and sugar forming matters,	49.4
Nitrogenous matters,	14.3
Phosphates,	3.2
Moisture,	2.3
Residue,	1.3

But no preparation, as a rule, is comparable with milk.

General Care of the Infant.—The various nostrums of quack speculators that drug the market, and yearly send scores of little ones to untimely graves, should, of course, be shunned. They all contain opium in some form, and when we remember the extreme susceptibility of babies to the influence of this drug, we cannot wonder at the damaging train of symptoms resulting from its persistent use. To dose a baby with soothing syrup and mixtures of paregoric for an ephemeral colic is criminal and unmotherly. These pains may be overcome by a hot flannel cloth laid over the stomach, by a little rhubarb and magnesia, or by a preparation containing creasote. Constipation may be remedied by an enema of tepid water. For the diarrhœa of teething infants nothing is better than a strong decoction, sweetened with sugar, of the bark of the *Ceanothus Americanus* (Jersey tea). The early morning and evening should be selected for the daily airing; and this should never be neglected. Fresh air is an essential of the child's life. From ten in the morning until four or five in the evening, the baby should be kept in a thoroughly well ventilated room. It is decidedly unwise, except in those instances where medical interference is necessary, to commence weaning the infant during the heat of the summer. It is wearing to the mother, and may set up a train of nervous symptoms in the child which are often very serious. Catnip tea, molasses, cakes, candies, jellies, and other things of a similar nature, I need hardly say are to be avoided absolutely.

Impure Water as a Cause of Disease.—The Half-Yearly Compendium of Medical Science, Part xxv, January, 1880, cites the following case mentioned by Norman Kerr, M.D., F.L.S., before the British Medical Association: "A farmer's wife suffered from typhoid fever; the family had never been without diarrhœa; scarlatina had affected two children and diphtheritic sore throat one. The well from which the supply of drinking water had been obtained was found to have a drain from the pig stye and cattle shed opening into it. As soon as the water from this well was abandoned these diseases ceased to harass the household. After thorough sanitary rectification, the old well was once more resorted to, but no bad effects ensued. In the adjoining mansion sore throat, diphtheria and typhoid diarrhœa were traced to a leakage of house drains through the porous soil, into the well in the courtyard, the leaks being caused by rats. After reconstruction the family were freed from all former troublesome and constant symptoms. Three fatal cases of diphtheria in a gentleman farmer's family were traced, by Dr. Kerr, to the contamination of the water used for drinking purposes. * * From these and other cases, the author could come to no other conclusion than that the same contaminated drinking water might, without the presence of specific germs, give rise to ailments, the poison manifesting itself as erysipelas, scarlatina, diphtheria, diarrhœa or enteric fever. The poison was the same, but the physical state of the individual constitution, or some idiosyncrasy of susceptibility, or some differential surrounding condition, might be the factor in determining the

special form of disease which the poison might assume in any particular case."

The Hygienic Treatment of Infantile Diarrhœa.—When a child at the breast is seized with an attack of diarrhœa, we should, in all cases, examine the stools, and should curd be found, it is well to alternate a little barley water with the breast milk. Or if the milk be white and heavy, we should keep the child on barley water alone. In some cases we may adopt the excellent suggestion of Dr. A. Jacobi, and make use of the following. Mix the white of one egg with four or six ounces of barley water, and add a small quantity of table salt and sugar, just sufficient to make the mixture palatable. If the strength be greatly reduced, we may administer brandy, from one drachm to one ounce in twenty-four hours. In very extreme cases, complicated with persistent vomiting and gastric catarrh, we must enjoin *absolute* abstemiousness. Let the child eat or drink nothing for from three to five hours, and even for a longer period. Beef tea, or any food containing salt in concentration, is, of course, contraindicated. Any undigested masses in the intestinal tract should be gotten rid of by a dose of castor oil. Of the necessity of fresh air, I may not do better than quote from a very thorough paper, written for the *American Journal of Obstetrics*, July, 1879, by Dr. Jacobi:—

"I need not here say that, in addition to the dietetics for the digestive organs, it is necessary to supply the patient with as much cool, fresh air as possible. The worst out-door air, when cooler, is better than close in-door air. The undeveloped condition of the nerve-centre in the normal infant; the relaxation of the inhibitory nerves by heat; the absence of radiation from the surface—the lacking stimulus, during hot weather, of the cutaneous sensitive nerves; the diminished metamorphosis of tissue; the diminution of the powers of digestion, not only by shortening digestion, but by directly lowering the secreting powers of the digestive glands in the stomach and intestines, are just as many factors in the production of the very worst forms of infant diarrhœa. I have kept very bad—desperate—cases out all night, upon the bluffs over the East River. The windows must not be closed. If possible, the children should be sent immediately to the country, and into the mountain air."

The *Medical Record*, of March 6, 1880, quotes from the *Practitioner*, December, 1879: "Dr. Roberts, of Manchester, England, gives the results of his investigations on the subject of the digestion of starch. He says that in infants under three or four months of age saliva has a feeble, diastatic power; further, he has ascertained that the pancreas of sucking calves does not possess any diastatic power, and that it is fair to presume that the pancreas of the infant at the breast is in the same condition. For this reason farinaceous food cannot be digested by young infants, unless some artificial means be employed. Malt extracts being infusions of malt concentrated to the consistency of syrup or molasses, by evaporation (containing no more value as food than an equal amount of syrup), the diastase exists only in small quantity. As to malt infusion, it possesses powerful diastatic properties. It is made as follows: Three ounces of crushed malt are very thoroughly mixed in a vessel containing half a pint of cold water; the mixture is allowed to remain from twelve to fifteen hours, and then passed through filtering paper until it comes through perfectly bright. It is rich in diastase, and contains maltose in considerable quantity. As it is subject to fermentation, it should be freshly prepared each day, or it may be preserved by adding a few drops of chloroform to the infusion and keeping it well corked. Dr. Roberts thinks that the malt preparation will prove of more service if taken with the food than after the meal, as, by so doing, it will become thoroughly mixed with the food. An excellent way of administering malt infusion is by adding one tablespoonful to half a pint of gruel. In conclusion, he speaks of the liquor pancreaticus, made by infusing one part of fresh pancreas with seven parts of water; this was found to possess twenty times the diastatic power of the malt infusion alluded to."

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

A CLINICAL LECTURE BY FRANCIS DELAFIELD, M.D.,

Adjunct Professor of Pathology and Practice of Medicine in the College of Physicians and Surgeons of New York City.

On Aneurisms.

GENTLEMEN:—Those of you who were here last Tuesday may remember that I showed you a woman who had been suffering from severe attacks of spasmodic dyspnœa. She was a middle-aged woman who had suffered from a winter cough a number of years, but still she had been able to do her work, and her health had been pretty good, except for this winter cough, until a few months ago, when she began to suffer from attacks of dyspnœa, especially at night, these attacks being quite severe. She came into the hospital a few days before last Tuesday, suffer-

ing from a very severe attack of dyspnœa. The character of this dyspnœa, however, was such as we see in ordinary asthmatic attacks, only differing from some asthmatic attacks in the fact of the breathing being rendered still more difficult by the large amount of mucus which was existing in the larger bronchi and in the trachea. This attack of dyspnœa, however, after lasting a number of hours, passed over, and the woman's condition was then pretty good. At the time you saw her on Tuesday she was not suffering from any dyspnœa at all, and was comfortable. The physical examination only gave us evidences of emphysema and chronic bronchitis. You may remember that I told you at that time that the diagnosis lay between two conditions; that we could be pretty sure the woman was suffering from one or the other of the two conditions, either from emphysema and chronic bronchitis with attacks of asthma, or from the existence of a small aneurism of the arch of the aorta pressing upon the trachea; that either of these conditions would account for her symptoms.

A few days after you saw her she had another severe attack of dyspnœa, and in this attack of dyspnœa she died. After her death, and before the post-mortem examination was made, there was no difficulty in telling what had been the cause of her dyspnœa. The attack of dyspnœa proving a fatal one made it almost certain that we should find a small aneurism of the arch of the aorta. Patients very seldom die in an attack of dyspnœa due simply to emphysema and bronchitis, but they do die quite frequently in an attack of dyspnœa due to the pressure of an aneurism upon the trachea.

The autopsy showed the condition that we had expected to find, and I have here the specimen for you to see. You observe that there is an aneurism given off from the upper and posterior portions of the transverse part of the arch of the aorta, and if you turn the specimen over you can see that this aneurism presses upon the trachea but does not compress it.

These cases are a little peculiar. They are cases which are not very uncommon in hospitals, but are quite uncommon outside of hospitals. I have almost every year at least one case of this kind here at the hospital. The patients suffer from very severe attacks of spasmodic dyspnœa, such as this woman had, but they have several before one eventually proves fatal. The character of the attacks of dyspnœa is the same as that of emphysema and bronchitis. It is a spasmodic dyspnœa, which lasts for a longer or shorter time and then goes away. The dyspnœa is not excited, apparently, by the closure of the trachea; the trachea, in these cases, is not so pressed upon as to be closed. Where there is an aneurism pressing on the trachea, there is a certain amount of thickening and inflammation of the trachea, which extends upward above the point of pressure, and downward below the point of pressure, but most frequently it extends downward, and the bronchi become congested, and thickened, and occupied by mucus. Exceptionally it will extend as far upward as the larynx. I have seen only one case of this kind, a chronic laryngitis being caused by a traveling of the inflammation upward from the part of the trachea which was pressed upon to the larynx. More frequently the inflammation travels downward and involves the bronchi. The dyspnœa then, in these cases, is apparently a true spasmodic dyspnœa; it is a real dyspnœa. The trachea is not so compressed that the air cannot enter the chest, but the dyspnœa is a reflex dyspnœa, a nervous dyspnœa. It is, however, a very severe dyspnœa, sometimes proving fatal.

Case 2.—Gentlemen, I will ask you to listen to this man's history. He is a man twenty-seven years old, a native of Ireland, a laborer by occupation, and he was admitted into the hospital seven days ago. His father and mother are both living and in good health. He has four brothers and three sisters living, two sisters and one brother dead. His brother died of phthisis. In 1868 he had rheumatism, and has suffered from rheumatism on several occasions since that time. He has also had several attacks of malarial fever. Eight years ago he had three sores on the penis, but there has been no history of secondary symptoms. He has, all his life, been in the habit of doing hard work, and he has also been in the habit of lifting heavy weights in his work. A man who, except for these attacks of rheumatism and so on, was in good health until April of 1878. Then he had another attack of rheumatism, so severe that he went into the hospital. From this attack of rheumatism, however, he again recovered, and went to work, and three months after this time—that is, about five months ago—he noticed what he called a throbbing on the right side, just below the clavicle. This condition has continued ever since, and in addition to that he has gradually become short of breath, especially on making exertion, and he has had some cough. He has also had some pain in the right arm, down as far as the elbow, and he has a little difficulty in swallowing.

That makes the history, then, of the rational symptoms. A man, you observe, of large frame, of larger build than the average, who has had a number of attacks of rheumatism, but whose present trouble dates back about five months. At that time he noticed a throbbing beneath the right clavicle, and that throbbing has continued ever since. To this throbbing has been gradually added a certain loss of breathing on exertion, a certain amount of cough, a certain amount of pain in the right arm, and a certain difficulty in swallowing.

Now, as we look at the man's chest you observe that it is a very large, well-developed chest. He is not only broad across the shoulders, but he has a very deep, solid thorax, with a great deal of room for the heart and lungs. As you look at the anterior portion of the thorax you observe that the right side is rather fuller than the left. This is true, also, when you look from above downward. There can also be seen a distinct pulsation in the part of the chest immediately beneath the clavicle on the right side, and when the hand is placed over this part of the chest a distinct feeling of pulsation is communicated to the hand. This feeling of pulsation extends from below the clavicle about a hand's breadth, down to about the third rib. There is dullness on percussion from a little to the left of the right

edge of the sternum over the whole of the right side of the chest in front, extending downward to the lower edge of the third rib, so that we have on the right side of the chest an area of dullness, bounded above by the lower edge of the clavicle, below by the third rib, and on the left side by a line a little to the right of the edge of the sternum; over this area there is dullness on percussion, and there is a heaving impulse which can be seen and felt. The impulse of the heart is more forcible than it should be, and it is further to the left than it should be. It is almost directly below the nipple, instead of being midway between the nipple and the sternum. The heart sounds are normal, except that they are very loud and very distinct. I hear the heart sounds very distinctly over this part of the chest where you see the heaving impulse, and with the first sound of the heart, or rather after it, I hear a murmur. When I feel his radial arteries, in both of them the pulse seems full enough at first, and there is no difference between them, but if I press them at all forcibly they give way at once; it is a compressible pulse. His face is fallen away a little; his eyes have a somewhat unnatural appearance, which is due partly to chronic conjanctivitis, which has no connection with his present condition, but there is in addition to that an unnatural protrusion of the eyes, which I think does have something to do with his present condition. There is no special filling of the veins; they cannot be said to be fuller than they should be.

Now, what is the matter with this man? An aneurism, I hear suggested. Where is this aneurism situated? "On the ascending portion of arch of the aorta." Yes, sir, and it is probably given off from the anterior and right lateral portion. It is already a sacculated aneurism of considerable size, which is pressing forward against the wall of the thorax. It is not pressing backward to any great extent, but forward and sidewise. He has no great amount of cough to indicate pressure on the trachea or upon the recurrent laryngeal. He has no particular trouble in swallowing, to indicate pressure upon the œsophagus. The pain which he has had down the arm would indicate pressure upon the brachial plexus of nerves, but that would be an indication of extension downward and to the right, and the pulsation and fullness which we get on the right side of the chest would show that the aneurism is pressing forward. The fact that the radial pulses are not involved would show that the aneurism is not involving that portion of the arch of the aorta from which large vessels are given off, so that it is a very plain, straightforward case of aneurism of the ascending portion of the arch of the aorta, the aneurismal sack being situated on the anterior and right sides of the aorta, the tumor growing forward and to the right.

The man has been put upon the use of the iodide of potassium, the only remedy which seems to be of any particular value in these cases of aneurism of the aorta. He will be kept upon that while he is in the hospital.

Case 3.—Here are some specimens, gentlemen, from a man who was in the hospital for a short time; a man who was pretty ill when he came in, and who was one of those hospital cases about whom we do not pretend to make a very decided diagnosis. There seemed reason to think that the man had organic heart disease, that he had cirrhosis of the liver, that he had chronic Bright's disease, and that he had some bladder trouble. It looked, indeed, as if there was infiltration; as if there had been rupture either of the urethra or of the bladder, and an escape of urine into the soft parts around the scrotum. The man failed pretty steadily after he was brought into the hospital, and died yesterday. The heart is enlarged, the enlargement being due to dilatation rather than to hypertrophy. It is a dilatation without either thinning or thickening of the walls of the right ventricle; the walls of the left ventricle may, perhaps, be a little thicker than normal. There is a little thickening of the aortic and mitral valves. The color of the heart also is changed. This coloring of the heart—the autopsy having been made only two hours ago, and the heart not having been in water—is a pretty certain indication of a change in the muscular tissue of the heart. The wall of the heart ought to be red; instead of that you notice it is of a pale yellow color. Such a decided change in color as that is almost always associated with fatty degeneration of the muscles of the heart, and that I presume is the case here.

The liver is small and hard, of a firm consistence on pressure, and smooth in appearance, but I really do not know, from the gross appearance, whether it is an example of a smooth, small cirrhotic liver. The house physician just told me it was tested with iodine, and that it did not give the characteristic reaction of waxy infiltration, so that I should be rather disposed to consider this an example of that form of cirrhosis of the liver in which the organ is sometimes small, sometimes large. It is hard, but not nodulated; it is neither finely nodular nor grossly nodular, and if we examine it with the microscope we find that new connective tissue is formed along the capillary veins, so that the liver cells are separated from each other by this new connective tissue. That is what I should imagine to be the case here, though I would not say positively in regard to it without a microscopic examination.

The kidneys are far advanced in disease; they are diminished in size, the surface coarsely nodular; they look as if the malpighian tufts were waxy. These kidneys were also tested with iodine, and the malpighian bodies too show waxy change (?) So that these are examples of far advanced chronic diffused nephritis in the atrophied condition, with waxy infiltration of the malpighian bodies. The spleen is small, and also shows waxy infiltration. The bladder is a good deal thickened. It shows the lesion of chronic cystitis very well. And the urethra had been perforated in front of the neck of the bladder, so that the urine had escaped into the surrounding connective tissue, and had produced infiltration of urine. There was some pneumonia in one of the lungs. The autopsy, then, corresponded pretty well with the appearance of the patient during life. He was evidently one of those patients of whom we have the habit of say-

ing, here, that we expect to find a little of everything after death; patients who present lesions of nearly all the viscera. The most marked lesions in his case being in the heart, the kidneys, the spleen, the bladder, the urethra, and the liver.

Case 4.—This is a man, gentlemen, who is twenty eight years old, is a native of England; he is a printer by occupation, but has not worked at his trade for some time. He was admitted to the hospital yesterday. His father died suddenly a week ago, when he was fifty-six years old. His mother is alive and well. He has had no rheumatism, he denies syphilis, but he has been habitually intemperate. He was perfectly well until two years ago, when he noticed, after drinking a little harder than usual, that his heart was not acting as it should. And ever since that time his heart has troubled him, and he has had some shortness of breath. He has had spells of vomiting every morning. Three weeks ago he spit up blood; he says he spit up about half a pint of bright red blood. He has had a cough before this time, and just before he spit up blood the last time he had a violent fit of coughing.

You will observe, then, that the history is not by any means a definite one. We have here a man who is habitually intemperate, twenty-eight years old, and he considered himself well until two years ago, but for the last two years he has been conscious that there wss something wrong about his heart; that it was not working properly, and that he was having some shortness of breath, and three weeks ago he spit up about half a pint of blood; that is all we get from the history. The man now is somewhat emaciated, the sclerotic coats are a little yellow, although there can hardly be said to be any yellowness of the skin. His tongue is coated. He had been drinking a little harder than usual before he came to the hospital.

Now, if we look at the front of his chest you observe that the man is in good condition; that the thorax is symmetrical in form; but you see the pulsation of the heart more distinctly than you should; you see the pulsation of the heart in the epigastric region, and you also see it at this point, viz., in the sixth intercostal space, on a line with the nipple. I get fair enough resonance on percussion on the upper part of the thorax, except over the upper part of the sternum. If we compare the percussion sound over the upper part of the sternum with that over the lower part of the sternum we find it duller above than below, although below there is the heart, while above there should be the lung. It is a little duller in the right infra-clavicular region than it is in the left. When I listen over the heart I get a murmur with the second sound of the heart which can be heard over the whole length of the sternum, and which can be heard also over the whole of the præcordial region. The left radial pulse is stronger than the right, though not a great deal stronger.

That makes the history, then, and the physical examination as far as the condition of the heart and the anterior portion of the chest are concerned. We have a heart of which the vertical diameter extends from the top of the third rib down to the sixth intercostal space, and the apex is immediately below the nipple, instead of being to the left of the nipple, where is its normal position. Then, besides that, we get this dullness that we ought not to get over the upper part of the sternum and in the right infra-clavicular space; but there is no pulsation to be felt over this region, nor over the line of the aorta. I hear the heart sounds over the upper part of the sternum, and I hear some murmur there that can also be heard over the rest of the heart. It is an aortic regurgitant murmur.

What is the trouble with this man? It is evident enough, in the first place, that he has organic heart disease. About that there can be no question. And it is also evident enough that he has hypertrophy and dilatation of the left ventricle, and that he has insufficiency of the aortic valve. The point of interest in his case is, whether there is anything besides that; whether the heart disease is sufficient to account for his entire condition. You observe that physical examination gives us a heart with an apex a good deal to the left and lower than it should be. It requires a pretty large heart to give the apex beat in the sixth intercostal space; that is, one intercostal space lower than it should be. And besides the low position of the apex beat of the heart, we have this dullness over the upper part of the sternum. The other thing which I am suspicious of, but am not certain that it exists, is an aneurism of the aorta; an aneurism of the transverse portion of the arch of the aorta, given off from the anterior surface and pressing forward against the sternum; an aneurism which is so situated that it is almost continuous with the heart, so that you get dullness from the aneurism, if it exists, over the middle of the sternum, carried pretty continuously off in the direction of the heart, and this aneurism, perhaps, pressing the heart downward and outward, though I am not certain of this. But I am certain that he has insufficiency of the aortic valve, with hypertrophy and dilatation of the left ventricle, and probably he has aneurism of the transverse portion of the aorta.

LOUISVILLE CITY HOSPITAL.

CLINICAL LECTURE BY M. F. COOMES, M.D.,

Professor of Physiology and Ophthalmology, of Kentucky School of Medicine.

Reported by A. H. Kelch.

Pterygium.

Gentlemen, this is the man upon whom I performed an operation for pterygium at our last meeting, on Tuesday. The operation that I performed in his case is that known as Pagenstæcker's operation, which consists in grasping the morbid growth with a pair of forceps, near the apex, and dissecting it up from the cornea to about half the distance to the inner canthus and then turning it back, leaving a gaping wound. After this has been done all that is necessary to complete the operation is, to insert a sufficient number of stitches to close the opening, leaving them in place to cut out, and soon the pterygium shrinks up and degenerates. There are two other methods of removing a pterygium, one being by transfixing ligatures, the growth being

lifted, as in this instance, and the needle passed beneath it, near the base, and then brought back under the pterygium, near the cornea; this will give you three ligatures when they are snipped, which, when tied, strangulate the growth, which may be removed in the course of four or five days, without any difficulty.

Transplantation is recommended by some authors. This is done by making an incision in the conjunctiva, parallel to the edge of the cornea and immediately below the pterygium, and after cutting the growth loose turning it down and placing it in the wound, stitch the edges of the pterygium and those of the wound together. It is said that when they are removed by this plan they never return. Many surgeons simply lift the growth and snip off a portion of it, and depend upon shrinkage for the completion of the operation. But that does not succeed, and is rarely resorted to by the better class of surgeons.

It is claimed that exposure to heat is one of its common causes. Injuries, especially injuries from caustic applications, as from quicklime, which frequently gets into the eyes of plasterers, and those of persons constantly handling it, or any caustic application to the conjunctiva, when sufficiently strong, may produce this form of growth. It consists simply in a hypertrophy of the conjunctiva, and may be double or even triple in formation. You will usually meet with them on the nasal side, with the apex pointing toward the cornea.

After this operation there was an unusual amount of inflammation, more than I have seen for some time in a case of this kind. At one time there was a profuse purulent discharge, but such results are rare after this operation.

The stitches are still intact, and I propose to let them alone until they cut out. The only application that has been made, except warm bathing, was a simple astringent solution. These growths may remain a great length of time without inconvenience to the patient. They usually create little or no disturbance until the cornea is invaded. Then, if allowed to remain, they will sooner or later extend over the cornea, so as to interfere with vision. Whenever it invades the cornea it should be removed; but so long as it is confined to that portion of the conjunctiva covering the sclera it may be allowed to remain indefinitely, as it will do no harm.

Operation on the Larynx.

Case 2.—The next case is that of the man with the cut throat, upon whom I also operated last Tuesday. You remember I said at the time of the operation I had little hope of securing union, because of the great amount of cicatricial tissue surrounding the orifice. The operation consisted in freshening the edges only to the extent to which I wished to oppose them. I did not attempt to close the opening entirely, hoping to get a better union by so doing. The day following the operation the wound remained perfectly dry. The next day (yesterday) there was a little suppuration at the upper stitch (there being five), and I feared if I allowed the sutures to remain longer there would be considerable sloughing. I removed them all, and have since supported the parts in the vicinity by strips of adhesive plaster. To-day I find we have union to the extent of about two-thirds of the surface which was apposed, and now I am satisfied we will have no further suppuration, and at the next operation I will be able to close the opening entirely. I intend to use at the next operation the ligature known as the silkworm gut ligature. It is said these may remain in the tissues for a month without producing suppuration, and that is certainly what we desire in this case.

Another plan might have been followed in this case, viz: by dissecting up a flap here on either side, and bringing it around over the opening, stitch it to the opposite side, making a bridge over it, closing it partially by the first operation, and after it had contracted sufficiently, freshen the edges of the flap above and below, and the surface of the adjacent structures, and unite them by sutures.

Now, as to the importance of the operation: Why should we have operated upon him at all? By the cut the larynx was completely severed, leaving the epiglottis at the base of the tongue, and allowing the box of the larynx to drop down so as to enable you if you looked directly through the opening to see the vocal cords, the arytenoid cartilages, and the movements of the organ in the act of respiration, and in the attempt at phonation.

Of course, we would not attempt to lift the larynx up and join it to the base of the tongue. The two objects to be gained by closing the opening are these: first, it enables the man to talk, while before he made a miserable effort, producing only a mumbling sound; secondly, to relieve the great irritation which is necessarily produced by inhaling the fresh air directly into the larynx, not allowing it to pass first through the nose and pharynx. You know it is one of the functions of the nasal passages to warm the air before it enters the trachea, and so long as this opening remains the man breathes through it, and this causes a considerable amount of irritation.

Iridectomy.

Case 3.—This is the old man who was so badly frightened at the idea of having an iridectomy performed without the administration of an anæsthetic. He says he has had just a little pain since the operation. You remember I told you at the time there was considerable hemorrhage into the anterior chamber. That has all disappeared and perfect union had occurred between the lips of the wound, in fact, it had occurred in twenty-four hours after the operation. The next evening I removed the bandage and found it closed and the blood absorbed to such an extent as to permit me to see the lens. It was impossible to tell whether he had cataract previous to the operation, because he had an occluded pupil, the pupil being blocked up with lymph, and the iris adhered to the anterior capsule of the lens; that is, he had posterior synechia, and while I did not know at the time that the man had cataract, I knew that the question could be definitely settled by the iridectomy. He was blind at the best, and this was his last and only hope. Now, in the course of three weeks I will extract the lens.

Possibly it would be well to mention the de-

mands for this simple operation of iridectomy, for it is a simple operation, and yet one that is of vast importance to the patient, so far as vision is concerned, and likewise to the surgeon, so far as his reputation is concerned.

First, iridectomy is the only relief for that condition known as glaucoma. No amount of drugs, either locally applied or constitutionally administered, will afford any relief. But an iridectomy gives constant and positive relief. Then, in the affection known as irido-cyclitis, where you have the iris and ciliary body inflamed, this operation affords certain relief. You may arrest the inflammation in a case of irido-cyclitis, but it is bound to return unless you perform iridectomy. Then, again, it is called for in cases where you have corneal opacities, rendering it impossible for the patient to see without keeping the pupil constantly dilated. In these cases you must make an artificial pupil. Often in cases where there is simple occlusion of the pupil, where there is no defect of the cornea nor of the refracting media of the eye, nor of the perceptive power, in other words, where a curtain is drawn before the field of vision, this operation is necessary to admit the passage of light.

If we perform an iridectomy simply for the purpose of making an artificial pupil, we cut just within the margin of the clear portion of the cornea, a moderate cut, not a wide one, and withdraw the knife slowly, so as to prevent a gush of aqueous humor, because if you allow it to escape rapidly you may have, as a result, a dislocated lens or detached retina. Then, with a pair of curved forceps, you grasp the iris down near the pupillary margin, and withdraw it slowly and gradually, and be certain that you get a portion of the pupillary margin enclosed in the space of your cut. Do not make the mistake of cutting simply a hole in the iris, but cut into the pupillary margin, taking about one-sixth of its circumference.

If you are performing the operation for the relief of irido-cyclitis you make your section just without the juncture of the cornea with the sclerotic, and make a large wound. A similar section is to be made when the operation is intended for the relief of glaucoma.

The object of cutting far back is to afford a good drain. There are two theories in regard to the manner in which an iridectomy relieves glaucoma. You all know there are a certain number of little glands seated in the ciliary bodies, and it is known that these glands secrete the aqueous humor; and one theory is that the more of the iris you remove the more you interfere with the circulation of the iris and the ciliary bodies, and thus lessen the amount of secretion in the part.

Now as to the choice of locality. This will depend upon circumstances. For the relief of glaucoma, where there are no corneal opacities, make your section above, because the upper lid will hide the defect to some extent. If an iridectomy be properly performed in the vertical portion of the iris one-fifth of it may be removed and it will scarcely be noticed. If it is for the extraction of cataract, then it will depend upon how you wish to extract the cataract, whether downward or upward, or to the temporal or nasal side. If the cornea is opaque, except at one point, of course you will remove that portion immediately behind the clear part of the cornea.

Granular Lids.

Case 4.—Here is a case of papillary hypertrophy, commonly known as granular lids, and associated with this there is blepharospasm, and in order to remove that I propose to perform the operation of canthoplasty, which consists in dividing the external canthus upward and outward, so as to cut through the orbicularis muscles. I make an incision upward and outward, in a line continuous with the free margin of the lid.

You find this condition of blepharospasm in connection with almost every case of papillary hypertrophy, and I do not believe there ever was a case cured without the operation of canthoplasty if spasm of the orbicularis existed. The whole lining of the lids is sometimes burned out by caustics, and then the disease is not cured but its seat destroyed. Any one who will resort to such a method will render his patient an invalid for life, and I hope no man who listens to me will ever be guilty of cauterizing a man's lids for the purpose of curing a case of papillary hypertrophy.

Editorial Department.

Periscope.

Treatment of Dextral Valvular Disease of the Heart.

The following are the therapeutic conclusions arrived at by Alexander Morrison, M.D., of London, in the Edinburg *Medical Journal*, for March, 1880:—

1. That a more or less orthopnœic position is best suited to many cases of organic valvular disease of the dextral valves; but that there are exceptions to this rule, and that the latter will probably most frequently be constituted by cases of pulmonary valvular lesion, and especially by cases of pure pulmonary regurgitation, just as we find a recumbent position best adapted to the analogous instances of aortic regurgitation.

2. That the cutaneous circulation must be maintained by adequate warmth, and arterialization of the blood by as free a ventilation as is compatible with the maintenance of sufficient heat.

3. That food must be given to patients from dextral disease under the same restrictions as in the case of other cardiac sufferers, but that fibrinogenous material must be even less consumed than in other cases, from the greater lia-

bility to spontaneous coagulation, and that alcohol, in one form or another, is absolutely necessary, but must be cautionsly administered.

4. That venesection is calculated to render signally good serviee in the retrograde plethora due to dextral valve lesions.

5. That external applieations must be employed in such cases, under the same circumstances as in other forms of cardiac disease.

6. That the use of ammonia, from properties peculiar to it, is indicated, but that asphyxial conditions may render its combination with chlorate of potash or some other oxygenator advisable.

7. That the employment of digitalis is not only useless in cases of organic disease of the dextral valves, but fraught with a danger which cannot be exaggerated, and that the chief cause of its pernieious influence is probably its systolic action upon the left ventricle.

8. That in functional valvular disease of the right heart, arising from ventricular dilatation, and especially in functional trienspid regurgitation, digitalis carefully administered may prove very beneficial, by diminishing the capacity of the ventriele. and restoring or improving the competency of valvular action.

Points in the Surgery of the Urinary Organs which Every Practitioner Ought to Know.

At the meeting of the Harveian Society, of London, April 15th, 1880, Mr. Teevan read a paper on the above subject, an abstract of which was published in the *Medical Press and Circular*, April 28th, 1880:—

The *first point* he brought before the Society was that retention of urine in children is always caused by a stone, unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin. *Second Point.*—That incontinence of urine which is diurnal as well as nocturnal, may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention, and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forward, it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus. *Third Point.*—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up, and dribbling took place. *Fourth Point.*—That dribbling of urine in men signifies retention, not incontinence. He explained the apparent paradox, showing how in cases of enlarged prostate or stricture, the patient always left some urine behind after each act of micturition, which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by great pressure, and leakage followed, so that urine was always dribbling away. *Fifth Point.*—That if, when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instrument, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra. *Sixth Point.*—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated. *Seventh Point.*—That a gleet of more than six months' duration means an incipient stricture. *Eighth Point.*—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus. *Ninth Point.*—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculous patients were most comfortable while in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone. *Tenth Point.*—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanations in the former point applied exactly to this also. *Eleventh Point.*—Before delivering a child see that the mother's bladder is empty. *Twelfth Point.*—If a woman had retention of urine after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

Iodide of Starch in the Treatment of Lupus Erythematodes.

The following paper by McCall Anderson, M.D., Professor of Clinical Medicine in the University of Glasgow, appeared in the *British Medical Journal*, May 1st, 1880:—

Every one conversant with the treatment of lupus erythematodes must be well aware how obstinately it resists internal remedies. At all events, my own experience hitherto has been that no internal remedy is capable, of itself, even in isolated cases, of removing the eruption, although I have known it to disappear spontaneously.

Any medicine, therefore, which in a certain proportion of cases is capable of ameliorating this condition, must be hailed with satisfaction; and that will be found to be the case with iodide of starch. I learned this fact in the following way: My friend, Dr. Colligan, of Paisley, sent me a patient laboring under well-marked lupus erythematodes, some years ago. We agreed to try, from time to time, various local applications, which certainly effected some improvement, but altogether failed to eradicate it. A considerable time after this, happening to meet Dr. Colligan in connection with another patient, he said to me: "By the by, do you remember the patient I sent to you with lupus erythematodes? I used all the applications you recommended, but they did not remove the eruption; so I thought I would try the internal administration of the iodide of starch, which I had often seen employed for other diseases by Dr. Andrew Buchanan, when I was a student. Well, I gave her a teaspoonful of it

three times a day, and in two or three weeks the eruption was gone." I expressed myself equally surprised and gratified, and promised to give it a trial. For a couple of years before this I had been seeing, from time to time, a lady, the sister of a medical friend, who suffered from the same complaint in an aggravated form, not only on the face, but also on the head; and although some impression had been made upon the disease by means of local applications, the results of the treatment had been anything but satisfactory. I therefore wrote to the Doctor, mentioning Dr. Colligan's experience, and suggesting a trial of it in his sister's case, which he did. Some time afterward the lady came to see me, and I must confess that I was astonished to find that in her case too a great amelioration had taken place in her state (although she could not be said to be completely cured), much greater than from the previous persistent use of most of the recognized remedies, and that without the simultaneous use of any external treatment whatever. Since that time I have in many cases used the remedy, in doses of from one to four teaspoonfuls, in water or water-gruel, three times a day, and while in some no result whatever has followed, in a fair proportion of them much benefit has accrued; so that I now regard it in the light of a valuable addition, though far from an infallible remedy, to our means of combating one of the most obstinate diseases of the skin.

For the introduction of the iodide of starch as a remedial agent we are indebted to Dr. Andrew Buchanan, whose papers upon the Physiological and Therapeutical effects of Iodine (London *Medical Gazette*, vol. xviii, page 515, and vol. xix, pages 41 and 80) will well repay perusal. Owing to the irritant local action of other preparations of iodine, he was led to look out for some new medicinal preparation which might be less acrimonious in its local action, while its absorbability and alterant virtues were not diminished; and for this purpose the iodide of starch suggested itself to him; and there can be no doubt that by employing it much larger quantities of iodine can be introduced into the system, even to the extent of over seventy grains daily. The following is the formula for its preparation:—

℞.	Iodi,	gr. xxiv
	Amyli,	℥j.

Triturate the iodine with a little water, gradually adding the starch and continuing the trituration till the compound assumes a uniform blue color, so deep as to approach to black. The iodide should be dried with a heat so gentle as to run no risk of driving off the iodine, and it ought to be kept in a well-stoppered bottle. On no account should spirit be used in its preparation instead of water, as sometimes recommended. The dose is a heaped-up teaspoonful in a draught of water or water-gruel, thrice daily; but it may be safely increased, even up to an ounce in some cases, if necessary to make an impression on the disease. I have generally found, however, if it be going to do good in lupus erythematodes, that the first-named dose is sufficient. Those who are inclined to give it a trial should take care of two things: first, that the cases they are dealing with are really undoubted ones of lupus erythematodes and not lupus vulgaris; and second, that the medicine is freshly prepared and in accordance with the directions above mentioned.

In conclusion, I may say that I have found the iodide of starch an excellent remedy in other diseases, and notably in old-standing cases of syphilis; but upon this I need not enlarge at the present time.

The Antiseptic Method of Treatment.

Dr. Geo. T. Beatson, in the Glasgow *Medical Journal*, for May, 1880, directs attention to the following points—

1. It is necessary that the external antiseptic dressing used in Lister's system should possess an impermeable layer of tissue in it, not only to prevent the discharge coming directly through, but also to diffuse it over the whole extent of the dressing.

2. A thin form of mackintosh, known as *jaconet*, or hat lining, is the best material for this purpose.

3. This piece of mackintosh should be spread beneath the outermost layer of the gauze dressing, should be somewhat smaller than the dressing, and should be placed with its glazed surface toward the skin.

4. Great care should be taken to see that the layer of *caoutchouc* has not become removed in any places, as this would render the material pervious to the discharge, and harm might ensue.

5. In securing the dressing, any pins used must on no account perforate the *jaconet*.

6. Owing to the irritating effect carbolic acid has upon the tissues, it is necessary to interpose some material between the wound and the gauze, to protect it from the acid, and allow of healing going on.

7. The most efficient protective has been found to be one composed of ordinary oiled silk, coated on each side with a layer of copal varnish, and then brushed over with a solution of dextrine.

8. The dextrine is used to enable the protective to take up uniformly an aqueous film of carbolic solution, and thus render it antiseptic at the moment of application.

9. The protective having no antiseptic properties of its own should be overlapped on all sides by the gauze, and should only be dipped into the carbolic solution immediately before it is applied to the wound.

10. The external antiseptic dressing in Lister's system is best secured by gauze bandages, which have several advantages over the cotton ones.

11. In certain cases additional security is obtained by the use of an elastic bandage above the gauze one.

12. If it is necessary to use pins in fixing the gauze dressing, those known as safety pins should be employed, as being in every respect better than the ordinary ones.

—Three successful cases of ovariotomy are reported in the *Calcutta Medical News*. Antiseptic precautions were adopted in each instance. These cases are stated to be the first of their kind in the Indian city which had terminated favorably.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Clifton E. Wing, of Boston, sends us, in pamphlet form, a paper on the "Modern Abuse of Gynæcology," which deserves a wide circulation.

——We have perused, with a good deal of pleasure, a most interesting monograph on a most interesting subject, "The Mind and How to Preserve It," by Peter Bryce, M.D., Medical Superintendent of the Alabama Insane Hospital.

——The Thirteenth Annual Report of the Health Department of the City of Cincinnati, for the year ending December 31st, 1879, by Thos. C. Minor, M.D., Health Officer, is a large volume of 311 pages, containing an excellent sanitary survey of the city, together with valuable statistics of diseases, deaths, births, marriages, crimes committed, etc. It is one of the most complete reports of its kind.

——*Godey's Lady's Book* for June contains, as usual, besides the latest fashions, a piece of music entitled "Heel and Toe Polka," and a large amount of interesting reading material.

——Lippincott's Magazine for June presents an unusually rich and varied table of contents. Dr. Weir Mitchell's paper, the first of two, on "The Yellowstone Park," gives the most vivid description of that land of marvels which we remember to have seen, and narrates the incidents of the expedition with spirit and humor. "The Career of a Prairie Farmer," by Mary Hartwell Catherwood, is one of those faithful pictures of life which enable us to understand the condition and sympathize with the struggles of the pioneers of civilization in the Great West. Dr. Felix Oswald concludes his series of "Summerland Sketches" with a beautifully illustrated chapter on the "Virgin Woods of the Sierra Nevada." The eminent French sculptor, Carpeaux, is the subject of an interesting paper by Olive Logan. Helen Campbell continues her series of "Studies in the Slums." De Lancey Nicoll has a timely paper on "Lawn Tennis." "Our Young Kindergartner," will have a deep interest for parents and for all to whom the best method of educating young children is a subject of anxious thought. "Social Aspects of the Forties" is a well-written paper, suggestive of the progress we have made during the last four decades, and "German Boys and Men," by Marriott Pyne, gives a good notice of the social foundations of the greatest military empire of modern times.

The poetry of the number deserves especial mention. "Old St. David's at Radnor," by Longfellow, is in his happiest manner, pensive in tone, limpid in flow, and striking in imagery. Paul Hayne has a fine sonnet entitled "Spiritual Illumination," and Mrs. Caroline A. Mason one almost equally good, called "An Open Secret." "Adam and Eve" grows in interest, and there are several good short stories, while the "Gossip" contains some anecdotes about Carlyle, and other readable matter. This issue closes the twenty-fifth volume.

BOOK NOTICES.

Homœopathy: What is it? A Statement and Review of its Doctrines and Practice. By A. B. Palmer, A.M., M.D., Professor of Pathology and Practice of Medicine in the College of Medicine and Surgery in the University of Michigan, etc. Detroit, Geo. S. Davis, Medical Publisher, 1880. Cloth, 8vo, pp. 101.

In his introduction the author informs us that the chief object of this work is to furnish conscientious and intelligent persons an opportunity of learning what the system of Homœopathy really is. After a brief biographical sketch of Samuel Hahnemann, its founder, he at once proceeds to the examination of the doctrine of *similia similibus curantur*, as taught by Hahnemann himself, who laid great stress upon the importance of using medicines in the thirtieth or last dilution, of which one drop represents the 1,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000th part of a grain of the active drug, or one globule contains the $\frac{1}{30^{30}}$ part of a drop taken from an ocean of fluid one hundred and forty billions times as large as our whole planetary system, in which enormous ocean a single grain of the drug has been dissolved. Should the patient be very sensitive, it will be sufficient to let him smell such a globule once. As shaking increases the potency of the drug, physicians are warned against carrying medicine bottles in their pockets, lest by the constant shaking a mild remedy should become a deadly poison. The author finally examines homœopathy as practiced at the present time, proving beyond doubt, from prescriptions used by leading homœopathists, that the system has lost much of its original purity. The work is not intended as an argument against homœopathy, but only as a fair and unbiased statement of what the system really is, and as such it deserves to be read both by the laity and the profession.

THE

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THE INCREASED ESTIMATE PLACED ON HUMAN LIFE.

As the world becomes more densely populated the value of human life increases. We might expect the reverse, but such is not the case. A wonderful contrast exists between ancient and modern opinion on this subject. Very little value was attached to life in ancient Rome, for example. The old slaves were sent to starve on an island in the Tiber, or were killed, offhand, with as little compunction as a farmer of to-day shoots a broken-down nag. For the amusement of the crowd, hundreds of trained freemen, volunteer gladiators, would enter the arena and kill each other. The wounded were carried to a room where they were examined by a surgeon; if he pronounced them permanently maimed by the wound, they were forthwith despatched by a blow on the head with a hammer. The surgeon was considered to have done his full duty when he had confined his cares to those likely wholly to recover the use of their limbs.

Of Oriental and African recklessness of human life we need not speak; nor more than refer to the custom which yet largely prevails in India and China, of exposing to die the infants of a family which the parents think large enough. The Count of Paris, in his narrative of his visit to Shanghai, observes that five to ten of these infants can be seen at any time during an early morning walk in the suburbs of that city.

Very different is the feeling among the enlightened members of Western modern civilization. The utmost efforts are constantly bent to keep alive the old, the infirm, the invalid and the babe. Even the unborn and not viable fœtus is protected in its life by stringent enactments. Murder is construed as the highest crime of the law. The time was when in England almost any homicide could be satisfied legally by the payment of a fine, although theft and poaching were then punished with death. Now the relative heinousness of the offences is reversed.

Sanitation is constantly striving to reduce the mortality rates, to bring up to a high standard the health of the people, to ward off infectious disease, to stem the course of epidemics, to neutralize the poison of inherited maladies, and at all points to strengthen the sum of those forces which combat death. Nothing is more eagerly welcomed by the profession than a new remedy of probable value, a new process which will shorten disease or lengthen life.

The public medical service is increasing faster than the populations. Hospitals and dispensaries, homes and refuges open their charitable doors to a large percentage of the aged, sick and helpless. Such institutions are almost a creation of modern times. They were, indeed, occasionally heard of in the Middle Ages; they at least existed in ancient Greece; but they occupied no prominent part of the public attention.

It is a curious subject of inquiry to analyze the change which has come about in this respect. Some have attributed it to religious emotions; but the Christian religion does not instill any such great love of life; its precepts rather encourage the opposite sentiment—to look on death fearlessly, and rather as a happy release. Probably the

growth of the benevolent emotions and of altruistic sentiments have more to do with it. Recognizing how strong and innate is the love of life in ourselves, we are impelled to do all we can to protect it in others. A second motive is the recognition of the equality of rights in man, and the possibilities in store for each. This leads to a willingness to secure to all that without which effort is impossible—to wit, life.

Whatever the motive, physicians are expected, and very properly, to appraise life at its highest figure, and not to omit any effort to maintain its flickering flame. Under no circumstances are they permitted by public opinion to endanger it, still less to destroy it. The doctrine of euthanasia, for which so much can be said, is instinctively felt to be a dangerous one, on account of the difficulty of limiting its application. It is still a disputed question, in some treatises, whether even in the extreme case of an indicated craniotomy it is right to operate on the head before the cardiac pulsation is ceased.

As the outgrowth of the best of modern thought and the noblest of modern action we must respect this lofty estimate of the value of human life. It may seem extravagant, it may not be susceptible of high philosophic praise, but it has too many great supporters to admit of a doubt that it is a worthy instinct.

Notes and Comments.

Therapeutical Notes.

CHLOROFORM VAPOR FOR EARACHE.

Dr. Morgan states, in the *Medical Press and Circular*, May 5th, 1880, that he has often promptly relieved the distressing earache of children by filling the bowl of a common new clay pipe with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe, forcing the chloroform vapor upon the membrana tympani.

DR. WARBURG'S REMEDY IN MALARIAL FEVERS.

The *Medical Press and Circular*, April 28th, 1880, publishes the following complex formula for Warburg's tincture, the composition of which was made known several years since by Prof. McLean, who had obtained the secret from Dr. Warburg himself, and who gave his unqualified support to all that had been said in its favor. Dr. Broadbent has, moreover, testified that its efficacy cannot be disputed:—

℞.	Aloes (socot.) libram,	
	Rad. rhei (East India),	
	Sem. angelicæ,	
a.	Confec. damocratis,	āā uncias quatour.
	Rad. Helenii,	
	Croci salivi,	
	Sem. fœniculi,	
b.	Cret. preparat.,	āā uncias duas.
	Rad. gentianæ,	
	Rad. zedoariæ,	
	Prep. cubeb.,	
	Myrrh elect.,	
	Camphor,	
c.	Bolet laricis,	āā unciam.

The above ingredients are to be digested with 500 oz. of proof spirit in a water bath, for twelve hours, then expressed and ten ounces of disulphate of quinine added; the mixture to be replaced in the water bath until all the quinine be dissolved. The liquor, when cool, is to be filtered, and is then fit for use.

a. This confection is to be found in the London Pharmacopœia, 1746.

b. Added by Dr. Warburg, to correct the acrid taste.

c. This is the Polyporus laricis, Polyporus officinalis, Boletus purgans, or larch agaric.

The tincture is of a deep brown color, has an aromatic and slightly terebinthinate odor, and an intensely bitter and warm aromatic taste.

Quinine is one of the most important ingredients, and, as Professor Maclean observes, many may say this vaunted remedy is only quinine concealed in a farrago of inert substances, for purposes of mystification. To this objection Professor Maclean answers:—

"I have treated remittent fevers of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential islands of the Madras Presidency, on the malarial rivers of China, and in men brought to Netley Hospital from the swamps of the Gold Coast, and I affirm that I have never seen quinine, when given alone, act in the manner characteristic of Warburg's tincture."

FORMULA IN ACUTE BRONCHITIS.

Dr. Bozzi states, in *Le Progrès Médical*, Jan. 31, 1880, that the following receipt is very effectual in cases of acute bronchitis:—

℞.	Antim. sulphuret.,	
	Pulv. ipec. et opii,	āā gr. xv
	Sacch. albi,	℈ ij. M.

Ft. ch. No. 10.

Sig.—One powder to be taken every three hours, but not more than four in the twenty-four hours.

The same prescription is useful in the acute stage of bronchitis, as well as in the symptomatic bronchitis of heart and lung diseases. The diet should be restricted to warm and sweetened milk and to chicken broth, while the room temperature should not fall below 12° Rèaumur (59° Fahr.).

Phthisis in the French Army.

Marvaud concludes an elaborate statistical paper in the *Annales d'Hygiène*, for March, on the relative prevalence of phthisis in the French Army and the civil population, by the statement that although the frequency of the disease turns out to be pretty much the same in both, yet the military profession presents certain conditions which may exert a different influence on the development of phthisis among soldiers. Among these conditions there are two only—viz., overcrowding in barracks, and exposure to chills and to the vicissitude of seasons—which seem evidently favorable to the explosion of tuberculosis in the army, and operate in a less degree only on the civil population. The other conditions, such as the system of diet, the clothing, and especially corporeal and gymnastic exercise, seem to restrict the chances of young men contracting phthisis in consequence of hereditary or acquired predisposition. These advantageous and disadvantageous conditions seem, so to say, to balance each other, establishing a kind of compensation which can alone explain the similitude and identity of the results furnished by statistics in relation to the comparative frequency of phthisis in the army and in the civil population.

Curious Phenomena of Hypnotism.

Dr. H. Gradle, of Chicago, says, in an article on hypnotism, which appeared in the Chicago *Medical Gazette*, April 5, 1880—

Perhaps the most curious observation refers to the repetition of the voice. When one hand was placed upon the forehead and the other upon the nape of the neck, certain hypnotized individuals repeated all words of the mesmerizer in the original voice and with the same rhythm, no matter whether they were familiar with the language or not. The subject became an echo, or, as the Breslau observers call it, a phonograph. The echo ceased as soon as the hands were removed. In other instances individuals wrote fluently in foreign languages, copying exactly the original of the observer, provided he wrote simultaneously with them.

Is Salicylic Acid Injurious to the Teeth?

The *Journal of Materia Medica* for April, 1880, observes that salicylic acid, now so much in use as a dentifrice, is found, by Dr. Buch, of St. Petersburg, to be a solvent, and exceedingly injurious. Dr. Buch states that he was in the habit of using a solution of three parts in 1000 of salicylic acid, a lotion of such strength being fatal to bacteria; in a few weeks, however, he experienced a singular sensation in his mouth; the teeth appeared to become softer, and on the surface something gritty was detected, there being evidently a granular formation.

Dr. Buch's conclusion is that the substance in question is a salicylate of lime, and, if so, the use of the acid as a dentifrice should be discontinued.

It has been suspected that the free use of salicylic acid in attacks of acute rheumatism will be attended by structural changes in the substance of bone, not unlike those that Dr. Buch describes as occurring in the teeth. Should it be found that such is the invariable action of this acid when used medicinally, it will have to be discarded, unless its good effects can be retained without the evil, by some happy device in pharmacy.

A New Method of Administering Koosso.

The *Medical Press and Circular* says—

Of all the remedies for tapeworm none is more certain or efficient than koosso, and many efforts have been made to bring it into such pharmaceutical shape that, while its properties as a tænicide remain unimpaired, it might be administered without repugnance. Dr. Corre, some years ago, proposed the following method, which has been successfully used in many cases: One half ounce of fresh powdered koosso is treated with one ounce of hot castor oil, and afterward with two ounces of boiling water by displacement; express, and by means of the yolk of an egg combine the two percolates into an emulsion, and add forty drops of sulphuric ether, flavoring with some aromatic oil. This is to be taken in one dose early in the morning, after a previous fast of about eighteen hours. The worm is usually expelled, dead, after six or eight hours.

The Use of Gurjun Oil in Leprosy.

Mr. John D. Hillis, Medical Officer of the Leper Asylum, Mahaica, British Guiana, says, with regard to the use of gurjun oil, that "even in cases far advanced it is most beneficial, re-

tarding the disease in a remarkable manner, and improving the general health." He is of opinion that it should be in general use in every leper asylum, and adds, "It is largely sought after by the patients, notwithstanding its unpleasantness, on account of its healing action on the leprous ulcerations and its appetite-giving properties." He quotes a series of cases in which he has made use of the oil, and thinks that if it were possible for cases to be brought under treatment in an early stage, on the first appearance of the leper spot, before the deposit of leprous matter had become serious, an attack, if not cut short, might at least be retarded in progress for many years by the administration of the oil.

Treatment of Fractured Vertebræ.

The *British Medical Journal*, May, 1880, has an abstract from a paper on the above subject, by Mr. E. Noble Smith:—

From observing many cases of fractured vertebræ, and studying the records of others, he had been induced to propose a more active mode of treatment than that usually adopted. When the injury was sufficiently severe to rupture the cord, no surgical skill could effect a cure; but when the cord was not badly injured, and the patient lived for weeks or months, he questioned whether it was right to leave the patient to an almost certain death, or at least to a life of continued paralysis, by adopting merely a treatment of expectancy. Having quoted several recorded cases, he stated that the opinion he had formed with regard to these cases was that, if the body of the injured vertebra should be broken in its entirety, so that, after reduction, a continuance of extension would have to be kept up, then any attempt at reduction would fail to do good; but if, as most usually happened, the fracture were confined to the articular processes and the anterior portion of the vertebræ, then, by extending and straightening the spine, the fracture might be reduced, and by maintaining the spine in a straight position by means of a spinal support, well moulded to the back, a better chance of recovery would be afforded to the patient than by the ordinary treatment.

The President said that, in these cases, a water bed had generally to be used, to prevent bed sores, and the treatment by splints would interfere with this. It was for the same class of cases he had proposed treatment by double extension by weights attached to both legs, while the patient was placed on an inclined plane. This relieved pain, and did not give rise to bed sores. He would deprecate any sudden pull after an accident, which would be dangerous, but gentle and steady extension would straighten out the spine. On two things he would lay special stress: there should be no rough usage, and no hard splints or plaster-of-Paris bandage should be applied.

Correspondence.

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

Convulsions are always regarded as a grave complication in the parturient chamber. So ghastly is the aspect presented, that no wonder the neophyte becomes alarmed and flies hither and thither in his excitement, scarcely knowing what is best to do.

But let me entreat you, gentlemen, not to become alarmed; keep cool, collect your thoughts about you; for during the paroxysm there is but little danger; so do not throw cold water in the face of the patient, nor lift her up, but let her lie until the convulsion ceases, simply preventing her from biting the tongue by keeping something between the teeth; a soft pine stick is better than anything else for this purpose.

While the case presents a frightful appearance, and the friends around are apprehensive of the worst results, the doctor must not be thrown off his guard, for really there is but little danger, if he have the proper remedies at hand. In the Medical and Surgical Reporter of May 8th a case is reported which proved fatal. The cause of death in this case might be a subject of comment. It might have been that the physician in charge was over anxious, and pushed his remedies too far. Blood letting, croton oil, long continued inhalation of chloroform, hypodermic injections of morphia and atropia, repeated every hour, blisters to the nape of the neck, and the use of obstetrical forceps, may be considered rather heroic treatment.

In this fatal case the amount of morphine used hypodermically, the extent to which anæsthesia was carried, the whole amount of blood extracted, and the quantity of ol. tiglii given, are not reported. Of course, death might occur in these cases, from cerebral pressure, in which case it is apoplectic; but the usual cause of death is supposed to be anæmia of the brain. This case remained in a comatose condition until death. Coma was produced, no doubt, either by cerebral pressure, exhaustion, or by the chloroform and narcotics. But, without further comments, and without offering this as a criticism on the management of the case in question, I pass to report the following case, which recently came under my immediate observation.

I was called, May 8th, 1880, to see Mrs. C., aged twenty-two, primipara. At 7.45 A.M. found the patient in a convulsion. Had the first convulsion half an hour previous to this. She was expecting her confinement; had awoke, in after part of the night, with intense headache, nausea

and vomiting, and severe pain in the stomach, with slight labor pains. The os uteri was but little dilated and rigid; child high up; patient very restless and feverish, with hot skin and extra heat of vagina; bowels in good condition; two operations during the night. I sent for chloroform, lancet and obstetrical instruments.

Third convulsion 8.30 A.M. Soon after gave tinct. veratrum viride (Norwood's,) gtt. xij; at 9.15 gave same, gtt. x; 9.25 convulsion; 9.35 gave veratrum, gtt. xv; great nausea, with efforts to vomit; patient soon more quiet; occasional pains; continued veratrum, gtt. viij, every twenty minutes; kept her nauseated; 11 o'clock, convulsions; gave soon after, veratrum, gtt. xv; 12 M., convulsions returned; opened vein in arm and took about 14 ounces of blood, with difficulty. 1 P.M., convulsion; pains getting harder; 1.40 P.M., commenced the administration of chloroform by inhalation, and continued the same until 8 P.M., when the child was born without use of instruments. Gave, in all, 6 fl.ozs. chloroform, P. & W.'s, but at no time had the patient completely anæsthetized. After the labor was completed, gave sulph morph, ⅛ gr., and both mother and child had as good a recovery as usually follows in even natural labor.

During the past nineteen years, I have several times given chloroform for puerperal convulsions, and have never met with but two cases that I was unable to control with this remedy, and one of these yielded to 30-drop doses of tinct. veratrum viride; the other was controlled by opiates. I have several times resorted to blood letting in these cases, where the patient was of full habit, but never succeeded in controlling the convulsions by this means alone; yet I am persuaded that it is frequently a valuable adjunct to other treatment; chloroform is unquestionably the best remedy we have in such cases; next to this, veratrum viride, in large doses, will serve an excellent purpose, almost always modifying the intensity of the convulsions, and sometimes entirely controlling them. So, if I had not chloroform at hand, I should resort to veratrum viride as the next best remedy, for various reasons, too plain to need explanation; and with chloroform, veratrum viride, the lancet and obstetrical instruments at hand, should not expect to lose many of these patients. J. W. HENSLEY, M.D.

Yates City, Ills., May 21st, 1880.

Quadruple Birth.

ED. MED. AND SURG. REPORTER:—

Seeing lately, in the REPORTER, notices of two cases, one of quadruple and one of quintuple birth, I was reminded of the fact that I had never reported to any medical journal a case of the former that occurred in my own practice a few years ago; though it had been reported to our local society. On account of the extreme rarity of these cases, I feel it to be my duty to send you a brief account of this one.

About midnight, September 22d, 1873, I was called in haste to Mrs. C., a Scotch woman, about 40 years of age, wife of a coal miner, and the mother of several children. On arriving at the house a few minutes afterward, I found her on her knees, on the floor, in vigorous labor. Two children had already been born and separated by the nurse; a third was just being born. After the birth of the third child the three placentas came away, all united by their edges, but each with its own membranes attached. Scarcely had these been removed and hastily examined, when I discovered that there was still "more to follow." I ruptured the membranes, and in a few minutes the fourth child was born. The woman was put to bed and cared for; no unusual hemorrhage or other untoward symptom attended or followed the labor, which lasted only one hour, the children all being born within the space of half an hour. She made a good and speedy recovery. The children were all females, cried lustily, and ought all to have lived; but the family were extremely poor, and they were not properly cared for. Besides, such an unexpected influx of distinguished strangers into the household not being anticipated, no adequate preparation had been made for their arrival. However, enough of cotton batting and flannel was collected together from a neighbor's to wrap them up warmly; they were put into the bed, with orders not to be disturbed except when absolutely necessary. On making my visit next day, I found that in the meantime they had, unfortunately, obtained dresses, etc., for the children, had them all dressed and trigged out, and holding a grand reception. People came from morning till night and from far and near, to see them. The distinguished attentions they received, however, from each visitor, proved too much for them. One of them died that evening, 23d, one on the 26th, one on the 29th and the last October 8th. Their weights were as follows: 3½, 4½, 5 and 5¼ pounds. Two were head and two breech presentations. THOS. H. STEWART, M.D.

Church Hill, Ohio, May 19th, 1880.

Cold Water Enemata in Diarrhœas of Children.

ED. MED. AND SURG. REPORTER:—

Since summer, that eventful season for teething babes, is approaching, I think it well that we should do what we can to assist our co-laborers in the work, of all, the most merciful. Feeling that a few suggestions I can make may prove of much benefit in the treatment of diarrhœa and dysentery, I send them in.

In the *American Journal of the Medical Sciences*, No. 151, for July, 1878 (page 133), Dr. Michael J. B. Messemer gives an article entitled "Cold Water Enemata as a Therapeutic Agent in Chronic Diarrhœa," in which he cites a number of cases showing its remarkable efficacy. I was immediately impressed with the idea that said treatment deserved a thorough trial; one of the reasons being the fact that our therapeutical knowledge of astringents, etc., in these cases, was not sufficient, for, do what I could, some cases remained in *statu quo* or died. Children are by far the greatest sufferers, and when called to one I felt frequently as if I wished some brother who was pining for a case had the call. I had been in the habit of using enemas of starch and opium, and since it had been of benefit, the idea that a vehicle lighter than

starch, which at the same time cooled the surface of the inflamed mucous membrane of the bowel, would be very good, came to me, and I heartily thanked Dr. Messemer for extending a helping hand to one very frequently in the "slough of despond." Now, I have, since first reading that article, used enemas of cold water, and cold water with tinct. opium, and the results have been such that I feel it my duty to send in this article; it having failed only in cases where my patient was beyond recovery, or when attendants failed to use as directed. I will cite a few cases:—

Case 1.—J. S., male, aged two and a half years; had had diarrhœa for several months, and I was called September 1st, 1879. I found the child suffering from chronic diarrhœa, with all the attendant symptoms. I advised an enema of cold water after each action, first injecting, then pressing on the abdomen gently until the water was passed; then injecting again. This, with a strict regulation of diet, and a course of tonics, he being much debilitated, formed the treatment. This course, followed with remarkable perseverance, cured the child in a few weeks. Case had been treated with everything in materia medica generally found useful in such cases, but was gradually giving away, when above plan was used.

Case 2.—Called December 31st, 1879, to G., male, aged three years. Found a case of acute dysentery. His father had exhausted every domestic remedy, having used both castor oil and salts, with tinct. opium, and a host of teas informant knows not of; still the child had dysenteric discharges with tormina, tenesmus, etc. I advised the use of cold water and tinct. opium (laudanum ʒj. to Oss. water), as an enema, telling him to use the syringe after each déjection, immediately. I also left a prescription of sub. nit. bismuth, etc., to be used if the injections failed. But the dysentery yielded at once and nothing was given per orem.

Case 3.—Called to a family where two ladies and two children were suffering with dysentery, cases running from eight or ten days to within two days of the time I was summoned. Dr. M., physician in charge, had exhausted every remedy he possessed any knowledge of, and still the trouble continued. I advised the cold water and laudanum, as above, in all four cases, and I did not visit either of the cases a second time, for they began at once to get better and were soon convalescent.

Now, with Dr. Messemer, I am not in favor of discarding everything else, and trusting cold water alone; but I beg physicians everywhere to try the above, assuring them that they will benefit many cases otherwise incurable. Read Dr. Messemer's article; it will repay all trouble and expense.

Of course, in treating either of the above troubles it is absolutely necessary to clear the bowel of accumulations of fæces, etc.

The greatest trouble will be in getting mothers to diet the patient properly. With these remarks, and a repeated request to try cold water, I close an article already too long.

J. E. Stinson, M.D.

Montague, Texas, May 8th, 1880.

News and Miscellany.

State Hospital for the Insane of the Southeastern District of Pennsylvania.

Applications in writing will be received by the undersigned, until the 25th day of May, 1880, for one male resident Physician, one female resident Physician, one male assistant Physician, and one female assistant Physician, for said Hospital. Applicants for these places will accompany their applications with their references.

By order of the Board. E. G. Martin,
Allentown, Pa. *Sec'y.*

Quack Advertisements and their Results.

The *Medical Times and Gazette* contains the following communication from "an indignant watcher":—

There is a young man at present in the wards of Middlesex Hospital whose case deserves to be made known as widely as possible. He is suffering from epithelial cancer of the lip, which commenced about ten months ago. He was then induced to try Holloway's ointment, on the faith of the advertisements and testimonials he had read. The result is, that when, a few days ago, he came to the hospital for the first time, seeking medical aid, the cancer was found to involve a large part of the upper lip and cheek, and secondarily the glands of the neck, which were enormously enlarged and ulcerated. The patient's condition is now such as not to admit of operation, and the course of the disease will probably be to an unnecessary and painful death. The cause of this is the license that allows a quack medicine—"protected by letters patent"—to be freely advertised as an efficient remedy for every kind of disease. Most medical men in active practice have experience of similar lamentable cases. Should the Government not take some steps to have quack advertisements supervised? Their sting lies in their self-asserted claims to universal healing powers. It would not be an unwarranted interference with the liberty of the subject if those men who make large fortunes at the expense of the lives of many of their fellow-creatures were prohibited from exhibiting advertisements which had not passed through the hands of a public inspector. We have a censor of public plays, for the protection of the morals of the community; it is high time we had a censor of quack advertisements, for the protection of public health.

Cruelty to Women.

The *Lancet* for May 8, 1880, says—

We have a serious duty to perform; and we cannot shrink from it. The public are probably not aware of the cruelty which is being inflicted on a large class of the community by the practice of keeping shop women standing during the hours of business. In some of the large establishments daily patronized by ladies of fashion the permanent injury done to the young persons engaged is of alarming proportions, and it is time to protest. Young women come up from the country in full health, and are rapidly

reduced to a condition which practically condemns them to life-long suffering. So fatuous is the discipline in many of the large houses, that if a girl is seen to lean for a few moments, for relief in her weariness, she is reprimanded, and if the offence (?) be repeated, dismissed. This cruelty—we can use no milder term—is one which society, or if need be, the law, must put down. We have not adverted to this painful subject until compelled to do so by the most conclusive evidence that the practice of keeping girls standing during business hours is a large factor in the causation of the most distressing diseases. The public will aid our endeavors to put a stop to this evil by interfering as opportunity offers; but an appeal must be made directly to the tradesmen, especially of the large retail drapery establishments in the metropolis. We especially invite communications from firms who are willing at once to provide sitting accommodation for the young women in their employ, for use during the intervals of personal attendance on customers. The names of these firms we will publish in a special list, and by this and other methods of enforcing the reform so urgently needed, strive to eliminate at least one of the many remediable causes of disease.

The Paris Military Hospitals.

In the number for April 24th, the *Progrès Médicale* calls attention to the impropriety of retaining the overcrowded military hospitals in the populous centres of Paris, where they become foci for the origin and spread of contagious disease. The antiseptic system may meet this objection to some extent, as regards surgical affections, but this does not apply to medical affections. It is intended to agitate for the removal of these hospitals, in a divided condition, to the limits of the fortifications, connecting them with the barracks by establishing between them, as at Berlin, communications by special cars on tramways. The barracks themselves are also in very faulty hygienic conditions, and call for decentralization.

OBITUARY NOTICES.

Surgeon John T. Randolph, U.S.A., died at his residence, 2318 Delancey Place, Philadelphia, on the 14th inst., after a lingering illness. He was born in Brunswick county, Va., in 1828, and graduated in medicine at the University of Pennsylvania in 1850. After practicing his profession in New Orleans for three years he entered the army as assistant surgeon in 1855, being ordered to the Pacific coast, where he served seven years. On the breaking out of the rebellion he was ordered to the department of the Missouri, where he served over three years, in charge of the general hospital at Jefferson Barracks, and as medical director of the department. After a brief service in the Department of the East, in 1868 he was ordered to New Orleans as medical director, where he served over four years, and from thence he proceeded to the Department of the Platte, where he was much exposed to the severity of the climate, in the discharge of his duties, and returned to the East in 1876, with his health much shattered. After a year's service at Fort Trumbull, Connecticut, he removed to this city, where he has since resided.

In the ill-fated expedition of Lieutenant Colonel Steptoe against the Indians, in Oregon, in 1858, Dr. Randolph was an assistant surgeon, and behaved so admirably that he was thanked by the commanding officer.

The deceased leaves a widow and five children to mourn his loss.

QUERIES AND REPLIES.

Dr. W. N. S., of Indiana, requests information as to the best treatment of an obstinate case of scrofulous ophthalmia, which has resisted numerous local and constitutional remedies.

Dr. G. M. B., of Iowa.—1. Remove the thoracic and abdominal viscera, then inject pure water, or better still, a solution of common salt, into the carotid, subclavian and common iliac arteries, allowing it to return by the veins, until all the blood has been washed away and the fluid comes back as clean as it was injected; then tie the veins and inject a solution of chloride of zinc, and finally a solution of arseniate of soda (the officinal solutions of the U. S. Ph. will answer), until all the vessels are completely distended; next, tie the arteries, fill the thoracic and abdominal cavities with hemp or oakum which has been soaked in carbolic acid and glycerine, and sew up the opening made. The body should then be put in an air-tight coffin. 2. We do not know.

A Correspondent requests us to furnish a formula for the use of chrysophanic acid in psoriasis.

Ans.—

℞. Acid chrysophanic, gr.xv–3j
Adipis vel vaseline, 3j. M.

Dr. D. S. Hatfield, of Marcellus, Mich., writes: If Dr. L. G. A., of Kentucky, will use the following prescription, I think he will cure his case:—

℞. Acidi carbolici, 3ij
Glycerini, 3iv M.

Sig.—Apply once a day.

℞. Potas. iodid., 3iij
Fl. ext. berberis, 3j
Syrup. stillingiæ comp., ad 3vj. M.

Sig.—Teaspoonful four times daily.

MARRIAGES.

EVANS—BISHOP.—In Pittsburg, Pa., on Wednesday evening, May 19th, 1881, at the Thirty-ninth Street Presbyterian Church, by the pastor, the Rev. J. S. MacConnell, Dr. T. R. Evans, and Miss Annie S. Bishop.

ALEXANDER—LEAVELLE.—At the Baptist Church in the city of Hopkinsville, Ky., on the evening of May 15th, by Rev. T. G. Kean, Lawrence G. Alexander, M.D., and Miss Bell Leavelle.

DEATHS.

BERENS.—In this city, on the 21st inst., Dr. Joseph Berens, Jr., in the 30th year of his age.

DUFFIN.—In New York, suddenly, on the 12th inst., Dr. John P. Duffin, in the 62d year of his age.

RANDOLPH.—In this city, on the 14th inst., Surgeon John F. Randolph, U.S.A.

SPENCER.—On Tuesday, 11th inst., at 6.10 A.M., Charles Fitch Wetmore, son of Dr. Truman Spencer, of New York.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1214.] PHILADELPHIA, JUNE 5, 1880. [Vol. XLII.—No. 23.

Original Department.

Lecture.

I. PULMONARY PHTHISIS.

Delivered at the Philadelphia Hospital, November 19th, 1879,

BY WM. PEPPER, M.D.,

One of the Physicians to the Hospital, and Professor of Clinical Medicine in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Gentlemen—Before taking up the study of pulmonary phthisis, I wish to have a clear understanding as to the use of certain words and the meaning we shall attach to them. The general name given to the class of diseases we propose to study is phthisis, or pulmonary phthisis. I am happy to say that the term pulmonary tuberculosis is now seldom used as the general name for this class of diseases, but is limited to those cases in which true tubercles are present. A few years ago this term was used as identical with pulmonary consumption, but, as you all know, recent investigations have shown that a large proportion of the cases of consumption are not tubercular; and although there has been a great improvement and advance in the use of the terms phthisis and tuberculosis, yet I think that the words are still used with far too little care, for practical purposes. This is scarcely allowable since we now have such clear ideas as to the pathology of these diseases.

What, then, shall we study as pulmonary phthisis? Phthisis really means a wasting away, a destruction. If you were to consider the term as applied only to the appearance of the patient, and we know that in most cases of chronic lung disease there is progressive loss of flesh, color and strength, it might be used to include all chronic diseases. The name has not been given in consequence of the general symptoms, but on account of the changes in the lung. The term pulmonary phthisis has been used to indicate all forms of chronic, destructive disease of the lung. Let us, therefore, use it only in this sense, and we will find that a number of forms of pulmonary disease are included. Take, for instance, the ordinary form of pneumonia, croupous pneumonia, so called, perhaps, because in this form of disease the affected lung substance becomes the seat of an exudation from the blood vessels filling up the vesicles of the lung. This exudation is coagulable. When it is examined under the microscope it is found to be composed largely of coagulated fibrin, in which is imbedded a certain number of red blood globules and leucocytes that have wandered from the blood vessels. If you examine the epithelium of the vesicles, you will find that it has taken very little part in causing the exudation. This material is analogous to that found in membranous croup, and it is on this account that the exudation is called croupous. The term croupous, is a generic one, applied to the coagulable matter from the blood, imbedding red globules and leucocytes, and where the epithelial layer has taken little part in its formation. We have acute and chronic croupous pneumonia.

Then we have catarrhal pneumonia, so-called because the exudation, instead of being derived from the blood, is the product of the epithelial cells lining the vesicle. There is some little exudation from the blood vessels, but the greater part is the result of the action of the cells of the epithelial lining of the vesicle. The wall of the vesicle is, therefore, implicated in a high degree in this catarrhal process, just as it is in all ca-

tarrhal processes. We have of this catarrhal pneumonia two varieties, acute and chronic. There are, then, two forms of pneumonia, and I shall illustrate their pathological changes by drawings and specimens.

After a patient has had pneumonia, of either form, and it passes into the chronic variety, it is customary to say that he is running into phthisis; but I would limit the term phthisis to that condition in which, after the morbid process has lasted for a certain length of time, destruction of the lung tissue has commenced, and I would not say that a patient had phthisis unless evident ulceration and destruction of the vesicular substance of the lung had taken place. So that many cases that are now called catarrhal phthisis and croupous phthisis, I would prefer to call chronic catarrhal or chronic croupous pneumonia, and only use the term phthisis after some destruction of the lung substance had occurred.

Again, we have acute tuberculosis of the lung. Now, this is not a form of phthisis, for it kills before there is time for any destruction of the lung tissue to take place.

Thus we have phthisis which may result from croupous pneumonia, and is called croupous phthisis, or it may follow catarrhal pneumonia, called catarrhal phthisis. It may, as I will show you when speaking of the croupous form, assume a form called fibroid phthisis. And lastly, it may result from tubercles, causing true tubercular phthisis. These different forms of pulmonary disease are shown by the table on the board.

Croupous pneumonia—acute and chronic.
Catarrhal pneumonia—acute and chronic.
Acute tuberculosis.
Phthisis. { Croupous. Catarrhal. Fibroid. Tubercular.

I want to illustrate at some length the chronic forms of these affections. I shall preface our discussion by first giving you an idea of the anatomical condition of the lung in these different affections, and will then bring before you typical cases. These cases form such an enormous proportion of chronic lung troubles, that they constitute one of the most important groups of diseases.

—Terrible accounts are received of the famine in Kurdistan, Armenia and Persia. One letter states—"Thousands are dying in several places. We have reports of the dying feeding on the dead, of men killing all their children, of hundreds of children abandoned and perishing in the streets." And these are but the beginning of sorrows. Pestilence will come to glean the fields reaped by famine.

COMMUNICATIONS.

THE MENOPAUSE.

Read before the Medical and Surgical Society of Baltimore,

BY A. R. ARNOLD, M.D.,

Professor of Clinical Medicine and Diseases of the Nervous System in the College of Physicians and Surgeons.

In consulting some of the standard works on diseases to which women are peculiarly liable, I find that the popular belief in the numerous affections attending the so-called "critical period" of life is not shared by the best observers. The results of comparatively recent investigations concerning the phenomenon of menstruation have wrought a great change in the opinions which were formerly entertained on many questions relating to this subject, and among them the abandonment of the belief in the morbid influence of the menopause. Scanzoni says he "never observed that the delay of the menopause had any injurious results upon the health, with the exception of cases where the losses of blood have been excessively abundant, and produced general anæmia." Cazeaux is even more decided in his language. In speaking of the cessation of the menses he remarks that "Its dangers have been wonderfully exaggerated." In the majority of cases its symptoms are light, or do not appear; malignant disease of the ovaries, uterus and breast begin, as a rule, before the menopause; latent disease which may declare itself at that period is much rarer than is commonly supposed, and the mortality between forty and fifty is not greater than at other periods in the life of an adult woman. Dr. Mary Putnam Jacobi, in her prize essay on "The Question of Rest for Women," adopts a theory of menstruation which implicitly denies that there is anything pathological in the menopause. Cohnstein discredits the unfavorable prognosis which is ascribed to diseases that occur during or after the menopause.*

It is the fashion of systematic writers to mention the climacteric period of women as one of the predisposing causes of many ailments whose etiology is obscure. This practice among authors, of filling up the want of exact observation and reliable evidence with mere conjectures or far-fetched probabilities, often perpetuates traditional notions that rest on exploded fallacies. It is time that the importance attached to the "change of life" as a common factor of multiform disorders in women should be laid aside,

* "Virchow's Archiv.," Vol. 41, page 103.

just as it has happened to the statements constantly recurring in older medical works, that suppressed itch, retrocessant gout, latent syphilis, and the scrofulous taint, play a conspicuous role in the production of a vast number of diseases. It is a very old belief, and has even found expression in religious ordinances, that a woman must be held unclean and unfit to mingle with general society during her menstrual period; and very noxious properties were assigned to the flow. There was a time when the eliminative theory of menstruation was favorably received by the medical profession. Thus popular belief and medical teaching had conspired to consider the monthly discharge as a morbid product that accumulated in the female system, and must be gotten rid of or the most disastrous consequence to health would follow. It is, therefore, easy to understand why women are inclined to ascribe nearly all the complaints from which they suffer during the climacteric period to the irregularity or complete stoppage of menstruation. There is also reason to believe that an exaggerated morbid influence has been formerly attributed to the pubescent state in females. We are now assured that the Graäfian vesicles are fully formed and developed long before the period of puberty, and that the ovules abort during childhood and adult life, not always by rupture, but sometimes by involution or atrophy. The maturity of woman, or her reproductive capability, is a stage in her life which is gradually reached, and "the periodicity of menstruation," as Dalton says, "is one of the vital and physiological phenomena of woman." Experience shows that various deleterious influences may intervene that retard the normal establishment of this function, but it would be an error to suppose that the mere event of sexual maturity in woman is of itself a common source of disease.

In order to judge of the correctness or falsity of the opinion which holds that a number of ailments attend the menopause, it is useful to refer to that theory of menstruation which is mostly accepted at the present time. The ovulation theory maintains that the menstrual hemorrhage is a subsidiary phenomenon, entirely dependent upon the periodical dehiscence of the ovule; the ovary discharges its ovule independent of fecundation; menstruation corresponds to the rutting season of animals; fecundation is in constant relation with menstruation; that it never occurs in mammalia and the human species except when the emission of an ovule happens synchronously with the presence of seminal fluid, and that this takes place in the uterus and the region of the Fallopian tubes when the ovule and sperm encounter each other. According to Rouget, the ovaries are furnished with a highly vascular ramification, resembling erectile tissue, which is analogous to that of the corpus cavernosum of the male organ, and extends to the uterus. Parts of this theory as supplemented by Rouget have recently been called into question. It is objected that the ripening of a follicle to a complete ovule is the effect of increased reproduction, and not of sexual excitement; and that the vascular plexus at the base of the ovaries and extending to the uterus is not of the nature of erectile tissue. According to the theory thus modified, and which is ably defended by Dr. Mary Putnam Jacobi, as soon as an ovule has ripened and escaped from the ovary into the uterus, this organ undergoes changes preparatory to the fecundation of the ovule, consisting of vascularization and thickening of the endometrium. Should no fecundation take place, then a periodical dehiscence of the ovule occurs, and menstrual hemorrhage follows.

Whatever may be the fate of the ovulation theory, the fact stands irrefutable, that there is an intimate relation between reproduction and menstruation, and that in the vast majority of instances the commencement and cessation of the one coincides with the commencement and cessation of the other.

Now, it is against all the rules of physiological reasoning, that the cessation of the functional activity of the female generative apparatus, because of the natural failure of the reproductive vigor of the general system, should of itself be the cause of various morbid affections. But apart from this, what are the clinical evidences which show that the menopause acts as a predisposing or exciting cause of disease? The books tell us of symptoms like these: "Indefinite lumbar and pelvic pains, colics, itching of genital parts, flushes of heat in the face, alternating with chilliness and profuse perspiration. This brief catalogue of trivialities requires no comment; they are hardly an offset against the beneficial effects of the menopause on dysmenorrhœa and uterine fibroma. My own experience constrains me to assert that the vague complaints of females at the "critical period" are not peculiar to it; and the more serious affections have an incidental character.

Alienists used to tell us that insanity is frequently developed in women at about the time of the cessation of the menses. Gynecologists, who have better opportunities for observation, do not seem to share this opinion. At the

fourth annual meeting of the American Gynecological Society, held in this city, Dr. Skene, of Brooklyn, read a paper on this subject, in which he says that "insanity from menopause is not so common as is generally supposed."

If there is any one disorder mentioned more frequently than all others in connection with the menopause it is hysteria. This malady, which is almost exclusively confined to women, does occasionally manifest itself for the first time at the climacteric period. But whether there is a relationship between the two is another question. On theoretical grounds, it might rather be inferred that the gradual cessation of the reproductive function, which periodically makes considerable demands upon the physical resources of the female, and more especially the freedom from the perturbations associated with pregnancy, parturition and lactation, would remove some very potent causes that favor the development of hysteria. Perhaps there is no symptom of which women complain so much during "change of life" as a species of headache which popular pathology ascribes to a "rush of blood to the head." This symptom is not uncommonly accompanied by insomnia, and in some patients also by loss of appetite, a feeling of languidness, and irritability of temper. Others accuse the irregularity of menstruation that often precedes the menopause of causing pains in the lumbar region and the lower extremities, and an annoying frequency of micturition. It would serve no useful purpose to enumerate the many other ailments resembling those of hysteria, or of a so-called nervousness, which may happen to plague women about the climacteric period.

I have already cited the experience of competent observers who attach very little weight to the current belief in the etiological importance of the menopause, and, as it appears to me, with full justice. If we deduct the incidental symptoms that can only be arbitrarily connected with the cessation of the menses, and those which indicate a more probable causation, very few will remain that can be properly assigned to the physiological event of the menopause.

Remarkable Toleration of Opium in an Infant.

Dr. J. Mackenzie Booth, of Aberdeen, reports, in the *British Medical Journal*, the case of an infant, four months old, whose mother gave it from six to eight drachms of laudanum, in teaspoonful doses, during the twenty-four hours. The child was much emaciated. The doctor has succeeded in diminishing the quantity given to four drachms daily, without causing any suffering to the child from the withdrawal of the opiate.

Hospital Reports.

LOUISVILLE CITY HOSPITAL.

CLINIC OF JOHN A. OCTERLONY, M.D.,

Professor of Theory and Practice of Medicine, Kentucky School of Medicine.

REPORTED BY A. H. KELCH.

Emphysema.

Gentlemen—At the last lecture I showed you a case of chronic bronchitis, with emphysema, and in the examination I made I demonstrated to you the important symptoms and physical signs of the latter disease.

I called attention to the fact that he had not only this mechanical disease of the chest, emphysema, but that there was also dilatation of the heart. That diagnosis met with a very sudden confirmation, by the death of the patient the next morning. He died in a way in which only persons with heart disease pass away. There was no reason for suspecting disease of the nervous system in his case, and his death was just what would have been expected under the circumstances. To-day I intend to speak to you about this patient, who is unavoidably absent. I wish to speak to you about emphysema, and especially of emphysema as manifested in his case.

This is a mechanical lesion and a rarefaction of the lung. This particular form is called vesicular emphysema, and consists in a dilatation of the air vesicles. As they become more and more dilated there is necessarily more and more pressure upon the tissues that lie between them, the intervesicular spaces. Secondly, the walls become thinner and thinner. Now, if you reflect for a moment about what structures lie between the vesicles, you will see what an important affection it is, and what serious consequences result from the dilatation of these vesicles and the attenuation of their walls. In these spaces lie the vessels which bring the blood to the lungs, to be aerated, and which return the blood from the lungs after this vital fluid has been changed by contact with the atmospheric air. As these spaces are pressed upon the little vessels they contain are compressed, and finally they become obliterated, and in these facts you have the key to the symptomatology, the whole pathology of emphysema.

The air vesicles sometimes become so dilated and distended that the walls that separate one from another break through, and so form large cavities, containing air, where formerly, in the healthy state, there were only walls, alveoli and lobules. When we look at an emphysematous lung it is seen to occupy a greater space and it is paler than natural. Why? Because it contains a great deal less blood than in the normal state; because the blood vessels that bring the blood all through the substance of the lungs are more or less extensively obliterated.

Emphysema usually affects both lungs, but there is a great difference in this respect in different cases. The anterior and the upper portions of the lungs are especially affected, and they may become so distended that the superficial cardiac region, that portion of the heart uncovered in

health by lung, becomes much smaller than it should be. The lungs occupy greater space at the expense of other organs.

What are the causes of this disease? We find often enough that emphysema is produced by chronic bronchitis, and by whooping cough. That it occurs in connection with some disease that incapacitates a portion of the lung; thus, for instance, it may occur in pneumonia. It may arise from the straining in childbirth. We find it in connection with asthma, where there is a great effort to force the air out of the lungs against an obstruction. You know, in asthma there is a spasmodic contraction of the small circular muscular fibres which surround the bronchial tubes, and consequently there is not only great difficulty in getting air into the lungs, but there is a good deal of difficulty in getting rid of the air already in them. When the patient performs an expiratory movement that air is forced out against this spasmodic obstruction, and, as a consequence, the walls of these vesicles are put considerably upon the stretch. In course of time this results in the permanent dilatation of the vesicles.

Emphysema occurs sometimes in connection with tuberculosis; sometimes it occurs in connection with empyema, or in simple pleurisy with effusion. But in all these cases it is because one portion of the lung has to do supplementary work for other portions; just as we find that an obstruction of a certain blood vessel will cause blood vessels in the neighborhood to become congested, from receiving an undue amount of blood, and thus causing these vessels to become dilated. So we also find that when certain of the bronchial passages become obstructed, the same amount of air coming in through the trachea all the time, a larger quantity of air passes into those air passages that remain pervious, and this results in the formation of emphysema.

Sometimes heredity seems to be the cause. A large number of persons suffering from emphysema are found to have emphysematous parents; and we also find that many persons who have emphysematous children are emphysematous themselves. In persons who have emphysema at a very early period of life the disease is found to have existed in their progenitors. It is a curious thing that a disease so often found to be secondary and mechanical should have so strong an element of heredity in its production. Out of twenty-eight cases analyzed by Dr. Jackson, Jr., of Boston, it was found eighteen had emphysematous parents.

Heart disease brings with it more or less pulmonary congestion, and whenever we find that a portion of the lung becomes incapacitated, there is a free compensation, and the portions which are still pervious receiving a greater amount of air and having to do supplementary work, will take on emphysema. So in advanced cases of heart disease you will almost invariably find more or less emphysema, especially if it is mitral trouble. Atelectasis of the lungs also produces this disease when it arises early in life.

Now, if you turn to your note books, you will find that, as I go over the symptoms and signs, a good many of these were present in the case I last exhibited.

Persons with emphysema suffer from dyspnœa. This is constant, because the cause is constant and permanent, but it is aggravated in paroxysms, from violent exertion, under any circumstances that cause an unusual demand upon the respiratory organs. They suffer also from cough, which is irritative and unattended by muco-purulent expectoration. Our patient told us he spit up white, frothy material, except when he had an attack of bronchitis, then it became muco-purulent in character. So that, ordinarily, the expectoration is comparatively slight, and composed of white, frothy saliva, and occasionally it becomes muco-purulent, from the development of an intercurrent attack of bronchitis.

These patients are found to have a peculiar complexion. Do you remember the complexion of our patient last week? There was a tinge of lividity about his fingers, and his lips were decidedly livid, showing deficient aeration of the blood. In many cases you will find the face is also apt to be a little swollen, from thickening of the cellular tissue. The breathing is sometimes slow, but in other cases much accelerated, and the breath comes quick and short.

These persons have a decidedly diminished specific gravity, consequently when they swim they float very high, because the lungs act like the bladders the boys tie under their arms to buoy them up. The lungs contain a larger amount of air than belongs to a person of their height and general development, and, consequently, their specific gravity is really lighter, and they float more easily. The circulation is affected. The nose and hands are apt to be cold and mottled. You remember how marked that symptom was in our patient. They are apt to have a poor appetite, their bowels are constipated, and you will find in some a very decided wasting. The patient we had before us had wasted away considerably, but it was difficult to estimate to what it was due exactly, for he was rather inclined to intemperance, and he was poor, and had been exposed to all those unfavorable influences that persons of his circumstances and unfortunate habits are likely to suffer from.

These being the symptoms, you will find they are not sufficient to make out a positive diagnosis. In those days when physicians knew nothing of percussion and auscultation emphysema was not recognized during life with any degree of certainty, and it was only when the body was examined after death that the pathological condition was recognized.

The physical signs, however, will discover the nature of the disease without any difficulty. First, when we look at a patient with emphysema we find that mere inspection gives us very important evidence. The chest is usually globular, barrel-shaped. The prominence is most notable in mid-thorax. In some cases there is bulging in the supra-clavicular region, but that is not a very common symptom. Sometimes the intercostal spaces bulge out, but this also is not a constant thing. However, the intercostal spaces do become indistinct, and as we watch the patient breathe, we notice that his breathing is decidedly abdominal—diaphragmatic. You will notice that there is a depression with each inspiration in the supra-clavicular spaces and in the lower in-

tercostal spaces. You remember how plain that was, and that I called your attention particularly to it, at the time we had the patient before us. I immediately suspected the existence of some disease in which there was an interference with the proper expansion of the chest. The lungs cannot fill, because they are already full. There is no opposition to atmospheric pressure, so that when patients draw in a full breath little more air enters the lungs than was there before.

When we look at the chest posteriorly we see that the shoulder blades, instead of occupying a vertical position occupy almost a horizontal position, so that the shoulder blades and spine both make a very decided projection. When a patient with emphysema draws a long breath, the expansion movement is very limited. The inspiratory act is composed of two elements, expansion and elevation. In emphysema the expansion movement is almost obliterated, and the elevation movement is increased, and furthermore the ribs and sternum move *en masse*. That also was very marked in his case.

On palpation vocal fremitus is diminished; when we practice mensuration the whole chest is larger than it should be. When the disease is limited to one lung the affected side measures more than the sound one, and inspiration causes little expansion. You remem er I called attention to that fact when examining the patient, and demonstrated it also at the same time. I showed you that when he drew a long breath there was an expansion of his chest of but one inch. This is exceedingly small; a person with a healthy and well developed thorax should give, on forced inspiration, three or four inches increase.

On percussion the chest was abnormally resonant; we had what is called vesiculo-tympanitic resonance: that is to say, there was a greater intensity of sound, and at the same time, an elevation in its pitch, and a loss of the normal vesicular quality. This is found wherever the lung is emphysematous.

What does auscultation tell us? You will find, first of all, that the respiratory sounds are enfeebled; secondly, that the heart sounds are weak; the inspiratory sound is delayed. First, you feel the chest move, and then, after a perceptible interval, you hear the inspiratory sound. Then, next you find the expiratory sound is delayed and prolonged, and perhaps somewhat rough, but it is not raised in pitch. In bronchial respiration we have prolonged expiration, but elevated in pitch, which you do not have in the expiratory sounds characteristic of emphysema.

As a general thing the area of precordial dullness is diminished. Why? Because the lung occupies more space than it should occupy. It overlaps the heart to a greater extent, and therefore diminishes the area of dullness in the præcordia.

We have, then, resonance where in health we have dullness, and we find if only one lung be increased the distention may be so great as to push the heart to one side. When both lungs become the seat of emphysema, the diaphragm is pushed down, and the liver and heart descend to the same extent, so that the liver may occupy a much lower position than in health; its lower margin may be considerably below the costal arch, whereas in health the lower border of hepatic dullness is on a level with the inferior margin of the ribs.

I told you that the patient before us had disease of the heart, and that brings me to the consideration of the complications of emphysema. Disease of the heart is one of them, and an important one, and quite common. I explained to you, at the last clinic, how distention of the right side of the heart is brought about by extensive emphysema, and you must always remember that this is one of the dangers of emphysema, one of the conditions that aggravate the sufferings of the patient and diminish his chances for longevity. It was difficult for me to say whether in our patient the heart trouble was the primary or the secondary disease. I am inclined, however, to think it was secondary, and one reason for thinking so is that he had apparently no valvular trouble. If you remember, I told you the sounds of the heart were perfectly clear; there was no trace of a murmur. There was no evidence of his having had endocarditis. We found the heart to be feeble and the precordial area of dullness to be abnormally great. So that although he had considerable emphysema the enlargement of the heart was great enough to cause considerable increase in the area of precordial dullness. Bronchitis, I have already told you, is not only a cause of emphysema, but it is a result of it and a complication, and asthma sustains the same relation to the disease. Persons with emphysema are very prone to have asthma, and persons with asthma are very certain to have emphysema after a while.

In tuberculosis, as a general thing, you will find that in the immediate neighborhood of the deposit there is a well marked emphysematous zone. You may see an old tuberculous concretion and cicatricial tissue where there has been at one time tuberculous material that has undergone partial absorption and concretion; the organic elements have been absorbed and the inorganic encapsulated. In the immediate neighborhood of it the lungs are emphysematous. The vesicles lying immediately around have had to do double duty, have become distended and permanently dilated, and constitute a circumscribed emphysema. Emphysema may be primary; I do not deny that it can be; in fact, it is universally acknowledged it can be; but I do not remember having seen a case where it was primary. I suppose those cases where it occurs very early in life come nearer being primary emphysema than any others. Perhaps the disease is due to an inherent weakness of the walls, which renders them liable to take on this dilatation when they are exposed to the unusual strains that all of us are exposed to.

Secondary emphysema is most common; ninety-nine out of one hundred cases of emphysema will be found of that kind, I think. At least, that has been my experience. It may be circumscribed or general, affecting the whole of one or both lungs, or small portions. It tends to show itself mostly upon the surface, but it is also found deep down in the very centre of the lungs, and occasionally upon cutting into emphysematous lung you will be surprised to find away down in it some large emphysematous cavities.

Then we have vesicular emphysema, and what is called inter-lobular emphysema. In the case of which I have spoken there was vesicular emphysema.

What are you to do for these cases? Can you cure them; or how can you make them comfortable and prolong life? You will have to treat symptoms, and very little else can be done.

It is found in winter, when the air is cold, these cases always get along badly. Then they become liable to attacks of bronchitis; the dyspnœa becomes increased, and then the cough and expectoration become exceedingly troublesome, and the unhappy patient gets no good sleep, and a full meal oppresses him. Anything that embarrasses the action of the diaphragm tends to make them more uncomfortable. Indeed, I might have mentioned, in connection with the symptomatology, that these patients have a sense of fullness. They feel stuffed, and as if they were distended with air. They should be kept in a warm room. You should prohibit violent exercise of any kind. That is important, for a man may continue his labors, suffering terribly, and not knowing that he can mitigate his sufferings by changing his mode of life.

We are in the habit of giving these patients expectorants, and it is the class of stimulating expectorants that are beneficial to them. Carbonate of ammonia and Hoffman's anodyne, comp. spts. ether, senega, etc., are of benefit, but not so much as regards emphysema as the bronchitis which complicates it. Anything that interferes with the respiration ought to be carefully avoided.

You may endeavor to postpone the time of heart failure by putting the patient on digitalis, and I have quite often seen good results from it.

Lastly, we have come to treat these patients by the administration of compressed air, which gives them comfort, and may prevent, to some extent, at least, the extension of the disease. Compression of the thorax, in order to aid the imperfect expiration, has also been tried, with some success, especially in the young.

The prognosis is unfavorable. You cannot cure the patient, but, nevertheless, life may be prolonged considerably, especially if you give them good advice about how to live, and if they are in good circumstances, so they can avoid the exposures from which poor people suffer.

How do they die? Usually from heart trouble or from exhaustion. Does the bronchitis ever degenerate into phthisis? No. You will find persons with emphysema seldom are tuberculous. In some cases emphysema develops around tuberculous masses, but we do not find the emphysema as a general disease. Indeed, it seems that the diminished blood supply to their lungs renders these patients exempt from congestive difficulties, so you very rarely see these patients have pneumonia.

—Large tracts of land which until recently were utilized for the cultivation of wheat, maize, and other food products, are now covered with the poppy plant, the cultivation of which is being rapidly extended, both in India and Persia, notwithstanding that hundreds of thousands die annually from starvation in both countries.

Medical Societies.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The Thirty-first Annual Session was held at Altoona, commencing Wednesday, May 19th, at 11 A.M.

Dr. Andrew Nebinger, President, called the meeting to order, and prayer was offered by Rev. S. W. Duffield.

The Secretary read the list of delegates, etc., registered, and on motion of Dr. John L. Atlee, of Lancaster, the representatives from New Jersey were invited to seats on the platform. These were Drs. E. P. Townsend, of Beverly, and W. Elwell, of Burlington. About 200 names were enrolled.

Dr. Rowan Clarke, of Altoona, delivered an address, welcoming the Society to Blair County.

Dr. W. W. Dale, of Carlisle, offered a motion that any physicians present, not members, be invited to seats.

Dr. Weseman amended by adding provided they are in good standing in their county society, or graduates of a respectable regular medical school. This was accepted.

The motion was negatived.

Dr. Alexander Craig moved to strike off from the word "graduates, etc." Adopted, and the original motion was then adopted.

A motion was then made, by Dr. S. M. Ross, that Drs. C. C. Miller and J. C. Luke, of Cambria county, where there is no county medical society, be invited to seats.

An amendment, "that all physicians, graduates of regular colleges, in good standing, and recommended by any member of this Society, be invited to seats at this session, was negatived, and the original motion was adopted.

Dr. E. P. Townsend, of New Jersey, made some remarks in reply to the invitation, and on motion they were entered on the minutes.

Dr. O. H. Allis, Corresponding Secretary, presented his report, which was received and ordered to be spread upon the minutes.

Dr. Allis offered the following resolutions:—

Resolved, That the Philadelphia County Medical Society be constituted the custodian of the publications of the Pennsylvania State Medical Society, and of the Transactions of such other States as shall exchange with it, until the Pennsylvania State Medical Society shall make some other provision for the same.

Resolved, That the Publication Committee be constituted a Library Committee, to report, at the next meeting of this Society, the rules and necessities of such a library.

These were adopted.

Dr. Allis called up the amendment to the Constitution, as offered last year:—

"If any member or members of a county medical society shall violate the code of medical ethics, it shall be the duty of the said county medical society to discipline said member or members, and if any county medical society shall refuse or neglect to do so, it shall be the duty of the Censor of the State Medical Society, on being notified of such delinquency, to officially notify said medical society of the charges made against

it. And in case said county medical society shall neglect or refuse to investigate said charges, and to discipline the members so charged, within six months from the time so officially notified, said county medical society shall forfeit all its privileges and connections with the State Medical Society, and the severance shall be publicly announced at the ensuing annual meeting of the State Medical Society."

On motion, the amendment was adopted.

Dr. Clarke read a communication from Mr. Charles E. Pugh, General Superintendent of the Pennsylvania Railroad, extending an invitation to the Society to make an excursion to Cresson. The invitation was accepted, with thanks, and 8 o'clock on Thursday morning fixed as the time to leave for the mountain top, returning at 9.30.

Dr. John L. Atlee, of Lancaster, moved that the graduates of colleges of pharmacy be not included as laymen, as referred to in the code of ethics, in article I, section 3, Duties of Physicians to each other. After much discussion the motion was laid on the table.

Adjourned until 2.30 P.M.

AFTERNOON SESSION.

The President called the Society to order at 2½ P.M.

On motion of Dr. J. A. Murphy, Dr. Fulton, of Philadelphia, was invited to a seat.

Dr. J. T. Carpenter, of Pottsville, then delivered the Address in Obstetrics. It was the History of the Rise and Progress of the Obstetric Art in Pennsylvania. On motion, the thanks of the Society were tendered the orator for his able paper, and it was referred to the Committee of Publication.

Dr. Jno. V. Shoemaker, of Philadelphia, read a paper on "New Remedies in the Local Treatment of Skin Diseases."

The first medicinal remedy considered was oleic iodoform, which was prepared by dissolving about twenty-four grains of iodoform in oleic acid. Dr. Shoemaker, in the course of his remarks upon the subject, added that he had been the first to use these two preparations in combination. The oleic iodoform had been prepared in the above manner, by Dr. Wolff, of Philadelphia, and had been very valuable in a number of cutaneous diseases. He claimed that the combination possessed many advantages over iodoform dissolved in either lard, alcohol, ether, chloroform or the fixed and volatile oils.

He also added that when oleic iodoform is applied to the unbroken skin it produces slight stimulation, but when used upon ulcers and ulcerations of the mucous membrane, it acts as a decided astringent. If brought in contact with discharging surfaces and luxuriant granulations, it will check all secretion, by contracting the vessels, condense the tissue, coat over the parts by precipitating the albumen, and so protect them from the injurious action of the air.

The active solvent power of this preparation, owing to the oleic acid, and its ability to penetrate deeply and rapidly into the animal textures, together with its combined stimulating and astringent action, renders it a most useful application in a variety of skin affections. The speaker referred to its value in scrofulous disease of the skin, in eczema, in boils, carbuncles, and in psoriasis of the scalp.

The oil of ergot, the last medicinal remedy referred to, had, no doubt, never been used externally previous to the observations made upon its topical application by the speaker. In the course of his remarks he said the oil of ergot as found in the laboratory of the chemist is the waste material that had been left after preparing the various ergot preparations. As a local remedy this refuse oil is much cheaper than any of the other fats and oils, and contains additional ingredients that make it a most important therapeutic agent. When applied to the skin it has both protective, soothing and astringent action, and by its absorption frequently assists in nourishing the diseased part. He referred to the oil of ergot being a most useful application in seborrhœa of the scalp and other hairy parts, in cracked lips and nipples, in erysipelas, and in rosacea. Oil of ergot is also most beneficial in various affections of the mucous surfaces. For example, in nasal catarrh, in ulceration of the cervix, in gleet, and in both leucorrhœa and gonorrhœa, when used in the form of an emulsion mixture.

The paper was received, with thanks, and referred to the Committee of Publication.

It was discussed by Drs. B. Lee and W. T. Taylor.

Dr. Wm. H. Pancoast then made some remarks on Synovitis, and exhibited a number of speciments to illustrate them.

He also exhibited several new surgical instruments.

On motion he was requested to reduce his remarks to writing, for publication.

The subject was discussed by Drs. Lee, Hewson, Atlee, Varian and Barr.

The report read by Dr. Trail Green, of Easton, Chairman of the Committee to inquire into the status of Dr. J. P. Seiler, of Harrisburg, was followed by a lively discussion. The report was to the effect that the status of Dr. Seiler remained the same as it was when he was expelled from the Dauphin County Medical Society. The whole matter was finally disposed of by the adoption of a motion that Dr. Seiler was an expelled member of the Dauphin County Medical Society.

On motion of Dr. J. L. Stewart, of Erie, the report of the Committee was received, adopted, the Committee discharged, and orders drawn on the Treasurer for payment of services rendered by them.

On motion, it was agreed that the county delegates should select their members of the Nominating Committee immediately after adjournment.

On motion of Dr. Atlee, the citizens of Altoona were invited to hear the President's Address, this evening.

On motion, adjourned until evening.

EVENING SESSION.

8 P.M. Vice-President Dr. W. B. Ulrich, of Chester, in the chair.

The ex-Presidents were invited to seats on the platform.

The President, Dr. Andrew Nebinger, of Philadelphia, then delivered the Annual Address.

Dr. Nebinger said, in substance: We have

assembled in our thirty-first annual meeting, for friendly greeting, to note the changes of the past for our future improvement, and to make honorable mention of those who have finished their work and gone to the grave, like "one who wraps the draperies of his couch around him and lies down to pleasant dreams." He feelingly referred to those members of the Society who are yielding to the weight of years, spoke of the bright and cheering aspect of the country, in a commercial and business point of view, denounced jobbery and dishonesty in public affairs, told of the distress in Erin—the Green Isle of the Ocean—and compared the oppression, misrule, and the dreadful agonies of famine, hunger, disease and death in other lands with the growing prosperity of our own. "Erin, Green Isle of the Ocean, I love and cherish thee; not for thy great names, not for thy heroic deeds, but because of her from whose loins I sprang."

The Doctor referred at length to Medical Education; thought that the medical colleges of to-day are little if any better fitted for the matriculation and graduation of students than they were thirty years ago; that, in short, they had not kept pace with the science of medicine. He had collected the announcements of nineteen medical colleges in the United States, each of which provided only for a three years' course, and even less, two years and nine months. This was no improvement on the requirements of thirty years ago. Our colleges are defective in the work of imparting a medical education. From the report of the Surgeon General of the United States Army, it was learned that out of 92 applications for the position of Assistant Surgeon only 13 were qualified, while each of the 92 had a diploma bearing the names of the learned professors and the great seal of respectable colleges. Out of the 92 applicants, 79 were found to be virtually unfitted, although their medical *alma mater* had declared them qualified to perform the duties of Doctors of Medicine—a sad commentary upon the work of our colleges. The colleges of the East, West, North, South and the Middle States, are not graduating men as they should, in view of the advance in the science of medicine. The amount of time consumed in the graduation of our fathers is ridiculously inadequate to meet the requirements of to-day; it requires longer pupilage. As a society we should work to secure, by agitation, the necessary reform in medical education. Let us then, this day, commence this agitation, and, by work, make ourselves felt where it is necessary we should be felt—with the faculties and trustees of the medical colleges.

The Doctor referred at length to physiological therapeutists and conservative practitioners. In conclusion, Dr. Nebinger said that he had an abiding confidence in medicine; he had been educated in a medical school, had built up a large practice, and had established in his mind the fact of the controlling and high curative powers of medicine. He rejected its poetry and held fast to its prose. "I am a medicine man."

On motion of Dr. W. W. Dale, of Carlisle, the thanks of the Society were tendered the President for his able and instructive address, and it was referred to the Committee of Publication. Adjourned.

Second Day.

The Society was called to order at 9½ A.M., by the President.

Prayer was offered by Rev. A. S. Woodle.

The Permanent Secretary announced the following as the Committee on Nominations:—

Adams county, O. W. Thomas. Allegheny, J. M. Stevenson. Armstrong, T. H. Allison. Berks, L. DeB. Kuhn. Butler, J. E. Byers. Chester, J. W. Hughes. Crawford, J. D. Littlefield. Clarion. J. F. Ross. Clinton, A. Fishburne. Clearfield, F. Todd. Centre, E. S. Dorworth. Cumberland, W. W. Dale. Dauphin, C. A. Rahter. Delaware, E. Fussell. Erie, J. L. Stewart. Fayette, J. T. Shepler. Franklin, J. C. Gilland. Fulton, H. S. Wishart. Huntingdon, Isaac Guss. Indiana, Wm. Anderson. Jefferson, A. O. Cox. Lackawanna, L. H. Gibbs. Lancaster, Alex. Craig. Luzerne. J. A. Murphy. Lycoming, Thos. Lyons. Mifflin, J. M. Brown. Montour, Isaac Pursell. Mercer, D. H. Mingle. Northampton, A. K. Seem. Perry, G. W. Eppley. Philadelphia, Addinell Hewson. Schuylkill, A. C. J. Smith. Snyder, H. H. Bordner. Tioga, E. S. Robins. Washington, C. B. Wood. Westmoreland, L. Offut. York, H. C. Alleman.

The Committee were instructed to meet at once.

Reports of county medical societies were presented, and referred to the Committee of Publication.

The Committee on State Board of Health presented their report, which was accepted and the Committee continued.

"The Committee on a State Board of Health beg leave respectfully to report that, in accordance with the resolution of this Society, at its last annual meeting, at Chester, a telegram was sent to the Legislature of the State of Pennsylvania, then in session, embodying the resolution of Dr. J. S. Crawford, of Lycoming County Society, seconding the bill then before the House of Representatives and urging its adoption. Owing to unfortunate complications in the Legislature, however, to which it is not necessary to refer by name, no action was taken upon the bill by that body. There having been no meeting of the Legislature during the past winter, a delay of two years has thus been unfortunately entailed in the prosecution of this important reform. So general, however, is the interest in sanitary progress at the present time, both among the public and in the profession, that your Committee feel confident that our Legislature must, ere long, yield to the pressure of an intelligent public sentiment. They, therefore, respectfully beg leave to be continued." WILLIAM B. ATKINSON, *Chairman.*
BENJAMIN LEE, *Secretary.*

Dr. R. L. Sibbett, Chairman of the Committee on Medical Legislation, presented a lengthy and interesting report, the reading of which was listened to with marked attention. The report stated that the bill before the last Legislature, looking to an improvement in the imperfect law regulating the registration, in all counties, of doctors, druggists and dentists, had passed the Senate, but that it had been defeated in the lower House. It referred at length to the pre-

ponderance of medical colleges in this country as compared with foreign countries, and in scathing terms denounced those so-called medical institutions which have been termed "diploma mills" and "doctor factories" by the press. Too many men obtain degrees and diplomas in an irregular manner, and it was the duty of the Society to recommend such legislation as shall save the State from further disgrace in this matter. A Board of Medical Examiners was a necessity, and the judicious use of the press an absolute necessity to effect wise and wholesome legislation. The Committee spoke encouragingly of the future. The thanks of the Society were tendered for the able report and the Committee was continued.

At this moment the Committee on Nominations presented their report, as follows:—

The Nominating Committee report Lancaster as the place for holding the next annual meeting, and the second Wednesday of May as the time. They also report the following officers and delegates for the year 1881:—

President—J. T. Carpenter, of Schuylkill county.

Vice Presidents—Thomas Lynn, of Lycoming; William Varian, of Crawford; C. A. Rahter, of Dauphin; W. R. Cowden, of Butler.

Secretary—Wm. B. Atkinson, of Philadelphia.

Recording Secretary—Alexander Craig, of Lancaster.

Corresponding Secretary—O. H. Allis, of Philadelphia.

Treasurer—Benjamin Lee, of Philadelphia.

The Committee on Publication will remain the same as last year constituted.

Dr. Addinell Hewson, of Philadelphia, was made a member of the Standing Committee, vice Dr. King, deceased.

Delegates to the American Medical Association—H. H. Smith, of Philadelphia; A. H. Sheaffer, of Mifflin; James Ogleby, of Montour; F. Ross, of Clarion; L. G. Mayer, of Mercer; L. H. Gibbs, of Lackawanna; P. B. Breinig, of Northampton; J. B. Burchfield, of Clearfield; T. H. Helsby, of Lycoming; T. McMichael, of Butler; L. De. B. Kuhn, of Berks.

Delegates to the New Jersey Medical Society—George D. Nutt, of Lycoming; J. W. Houston, of Chester; J. V. Shoemaker, of Philadelphia; H. L. Orth, of Dauphin; O. H. Allis, of Philadelphia.

Delegates to the New York Medical Society—J. E Silliman, of Erie; T. H. Hays, of Centre; E. R. Merrill, of Luzerne; W. P. Shoemaker, of Clarion.

Delegates to the Ohio Medical Society—A. P. Cox, of Jefferson; J. H. Fishburn, of Clinton; G. E. Lytle, of Washington; B. E. Messerman, of Mercer.

Delegates to the Delaware Medical Society—Isaac Purcell, of Montour; Joseph Swartz, of Perry; B. F. Wagonseller, of Snyder.

Delegates to the West Virginia Medical Society—W. S. Duncan, of Fayette; E. Phillips, of Fayette; O. L. Blachler, of Washington.

Delegates to the Maryland Medical Society—Charles Horner, of Adams; H. Alleman, of York; C. W. Krise, of Cumberland; R. P. Ewing, of Chester.

Delegates to the Massachusetts Medical Society—H. M. Bishop, of Mercer; J. D. Littlefield, of Crawford; Traill Green, of Northampton; Andrew Nebinger, of Philadelphia.

Delegates to the Connecticut Medical Society—Daniel J. Bruner, of Lancaster; J. A. Murphy, of Luzerne; William Varian, of Crawford.

No change was made in the Censors, save in the Eleventh district, where B. H. Detweiler was made Censor in place of T. Lyon.

After some discussion, on motion of Dr. W. Pepper, of Philadelphia, it was

Resolved, That this Committee be authorized to confer with any representative medical men in Philadelphia, to secure efforts to stop the traffic in diplomas.

On motion of Dr. Traill Green, of Easton, the Permanent Secretary was directed to call the roll of counties and see, 1st, how many have appointed a Board of Medical Examiners, as directed two years since by this Society; and 2d, if any young men in said counties have entered upon the study of medicine during the past two years.

The responses to the interrogatories seemed to have special bearing on the first question only, and the following counties answered it affirmatively:—

Allegheny, Armstrong, Blair, Berks, Centre, Chester, Columbia, Dauphin, Delaware, Erie, Huntingdon, Indiana, Jefferson, Lancaster, Mercer, Mifflin, Schuylkill, Tioga, Washington, York.

The following counties had nothing of the kind asked for:—

Adams, Butler, Clarion, Clearfield, Cumberland, Crawford, Franklin, Fulton, Fayette, Lackawanna, Lycoming, Luzerne, Montour, Northampton, Perry, Philadelphia, Venango.

The report was received, and the officers elected unanimously.

Dr. J. L. Zeigler, of Lancaster, moved that no delegates from a county medical society be allowed to take seats at the session of next year, unless they bring evidence of having complied with the law requiring the appointment of medical examiners. After some discussion, a motion to lay this on the table was lost by a large negative vote, after which the resolution was adopted.

The report of the Committee on Epilepsy and Insanity, made by Dr. John Curwen, of Harrisburg, was adopted, and ordered to be spread upon the minutes.

But one county had responded, and the Committee was continued.

On motion of Dr. Cohen, of Philadelphia, it was agreed that the papers crowded out on Wednesday be read in their order after the completion of the regular order of business for to-day.

Dr. John H. Packard, of Philadelphia, then read the Address in Surgery, of which we present the following abstract:—

Preliminary remarks.

Surgical Pathology—Lipæmia or fatty embolism; connection between eczema, etc., and cancer; micrococcus peculiar to gonorrhœa; papers by S. W. Gross, on sarcoma of long bones.

Ophthalmology—Color blindness; eserine and

duboisia; "enervation" as a substitute for excision of eyeball.

Anæsthesis—Bromide of ethyl; nitrous oxide under compressed air.

General Surgery—Of Head—Cerebral localization. *Of Neck*—Excision of larynx; pharyngotomy without a guide; infra-hyoid laryngotomy. *Of Thorax*—Paracentesis pericardii. *Of Abdomen*—Cholecystotomy; removal of kidney; litholapaxy; supra-pubic drainage of bladder; nerve surgery; suture and stretching; Adams on finger contraction.

Surgical Achievements—Ligation of middle meningeal artery, and of second carotid and subclavian, for aortic aneurism; electrolysis in aortic aneurism; excision of floating kidney; Ashhurt's double amputation of hip and leg; Pean's and Langenbeck's operations—butchery, not surgery.

Surgical Appliances—Electric light; new form of endoscope; Davy's lever; hot water as a hæmostatic; carbolized jute.

Antiseptic Surgery—Oblique incisions; curious points of difference in the surgical experience of different countries.

The address was received, with thanks, and referred to the Committee of Publication.

Dr. Isaac N. Kerlin, of Media, read the Address in Mental Disorders. It was chiefly devoted to the consideration of idiocy and its treatment.

It was also referred.

Dr. William Goodell, of Philadelphia, then read a paper on "Clinical Observations on the Radical Treatment of Fibroid Tumors."

On motion, Dr. Goodell was thanked, and the paper referred.

Dr. J. Solis Cohen, of Philadelphia, read a short paper, on Hyper-distention of the Air Cells as a Therapeutic Measure; illustrated by an instrument for the purpose. He claimed most valuable results from this method in a variety of cases.

The paper was referred to the Committee of Publication.

Dr. William Pepper, of Philadelphia, read a paper, "Practical Remarks on the Treatment of Asthma."

The paper was referred to the Committee of Publication.

The Treasurer, Dr. Benjamin Lee, of Philadelphia, reported, showing a balance in favor of the Society, of over $1700.

Drs. T. Green, W. W. Dale and W. H. Daly were appointed to audit his account.

They reported that the accounts were correct, and were discharged.

On motion, adjourned until 9 A.M.

(To be Continued.)

Editorial Department.

Periscope.

Method of Restoring the Asphyxiated.

Dr. Charles Shepard, of Grand Rapids, Mich., writes to the *Detroit Lancet*, for May, 1880, as follows:—

Within the last three months I have attended two ladies in their first confinement, at full term. Both were healthy, small-sized women. Breech presentations in both cases; and the little beings, in attempting to get into this world, apparently stepped into the other before they got here. They were in a state of asphyxia on their arrival. In neither case was there beating heart or moving lungs. They were dead. A description of the means used for restoring one will answer for both, as they were the same. I tied and severed the umbilical cord; seized the child by the thighs near the body with my left hand, placed my right hand under the back of the head with my thumb and forefinger passing up under the ears on each side, and commenced an end and end movement, by raising the feet up and dropping the head down, and in a few seconds reversed the movement—head up and feet down. Repeated these movements about twenty times per minute; at the end of five or six minutes, normal respiration commenced. The heart resumed its movements, and life again took possession of the body. A hot woolen blanket had been ordered and the child was wrapped up in it. It had good nursing afterward, and is now living. Now, I believe the foregoing described plan or movements will be more effectual in restoring the asphyxiated (in whatever way produced) than any other ready method yet devised—not excepting Marshall Hall's or the one recommended by our State Board of Health. It is a plan applicable to all ages.

When the body is elevated to an angle of forty-five degrees or more, with the head down, the abdominal viscera fall against the diaphragm and force the air, mucus and all foreign matter from the lungs and air passages; the blood also flows to the brain, right side of heart and lungs, stimulating those organs. Reversing this movement, the abdominal organs fall away from the diaphragm, drawing it along with them. The air rushes into the lungs, to fill the vacuum created. The blood flows to the right and left side of the heart and lower extremities, in this way imitating the normal movements of respiration and circulation, as nearly as may be.

The details as to how to execute the movements will suggest themselves to almost any one of ordinary sense. Children can be caught up in the arms of a person and the movements executed.

At life-saving institutions or stations, an apparatus can be made, consisting of a board or plank, upon which the patient can be placed and held (either on one side or back) and the plank worked over a centre, like the walking-beam of an engine. Various accessory means may be

used, *especially heat applied to the surface*, holding the tongue from dropping back into the pharynx, etc., etc. Perhaps there is nothing new in this proposition, but I can assure the profession it is the best plan I have ever adopted for resuscitating still-born children. Try it.

Causes of Ceruminal Accumulation in the Ear.

Dr. James Patterson Cassels states, in the Glasgow *Medical Journal*, for May, 1880, that blocking up the meatus by cerumen caused deafness more or less complete in 70 patients out of the whole number, 491, treated for aural disease in the Glasgow Royal Infirmary during the two years ending Nov. 1st, 1879, and that these accumulations arise from many causes, chief among them being the habit of over cleanliness which possesses some persons, and by which they are induced to make attempts to clean out the meatus by such means as the point of a wet towel, bent hairpins, and sometimes even common pins and matches; the circumstances of such patients not enabling them to use the more aristocratic "auralave," concerning which I can say that no instrument has been introduced of late years so well adapted to cause ceruminal accumulation in the external meatus. On the other hand, many cases are also due to structural peculiarities: thus, instead of the cartilaginous portion of the meatus having a direction downward and outward, and trumpet-shaped, it sometimes has a direction inward and downward, the consequence of which is, that the cerumen tends to run backward and inward instead of downward and outward, as is the case in a normally formed meatus. Most persons have experienced the sensation of tickling at the orifice of the meatus, which causes them to carry their finger tip to the orifice of the canal involuntarily, and to twirl it in that orifice with the result of bringing away a greater or less quantity of cerumen. This is nature's mode of preventing a ceruminal accumulation.

Myopia.

Dr. Horstmann, in *Archiv f. Augenheilkunde*, vol. ix, has drawn up a statistical report of all the cases of myopia treated at the Berlin University Ophthalmic Poliklinik during the years 1873–1878. There were 1815 cases in all, with 3581 myopic eyes. The results arrived at are shortly as follows: The minor degrees of myopia are more frequent in the young; there is a gradual increase in the proportion between the lower and higher degrees as age advances. Far the greatest proportion of short-sighted individuals are only slightly myopic. The myopia is generally developed between the eighth and sixteenth year, and becomes stationary shortly after puberty. Myopia of a medium degree, which begins about the same time, continues progressive till the twenty-fourth to thirtieth year. The high degrees, on the other hand, are subject to periodical increase during life. The most frequent change in the myopic eye is staphyloma posticum; it is absent, as a rule, only in young individuals whose myopia is slight, although occasionally also in highly short-sighted eyes. The size of the staphyloma is subject to great variation. In the higher degrees, especially in old people, it is almost always more extensive than in the young and minor degrees. It is situated, almost invariably, on the temporal side of the nerve, being sometimes annular, however. Its shape is regular, except when the myopia is great, in which case the visual acuity is also generally diminished. Choroidal changes were found in 11.87 per cent., generally central. Detachment of the retina is the next most frequent complication, usually occurring after middle age, and most frequently, though not invariably, associated with the higher degrees. A form of glaucoma is found in highly myopic eyes, which only resembles the usual form in the increased tension of the globe and excavation of the papilla, and for which iridectomy is of no avail. Spasm of accommodation occurs much less frequently in myopes than many seem to imagine. In no case was it found to produce an axial elongation, as Dobrowolsky supposed. Muscular asthenopia is occasionally found in young individuals whose myopia is not excessive, more frequently in aniso- than iso-metropia. Divergent strabismus is generally dependent on myopia, is seldom developed before the tenth year, and most frequently met with when the myopia is considerable. The squinting eye is, as a rule, amblyopic, or more myopic than the other. Strabismus convergens is occasionally associated with myopia. These results seem to agree, on the whole, with those of Donders.

The Treatment of Hydatid Cysts of the Liver.

Dr. Roger, of Havre, in *Bulletin Général de Thérapeutique*, March 30th and April 15th, 1880, relates a case of hydatid cyst of the liver, which he treated successfully by direct puncture, with a large-sized trocar. The patient was a woman, aged 37, and had suffered from the affection for more than five years. The symptoms were emaciation, anorexia, serous diarrhœa, vomiting, and a peculiar earthy complexion. Jaundice had been present, but only in a very slight degree. The right hypochondriac region was occupied by a distinct swelling, which imparted a sense of fluctuation. The diagnosis was held to lie between hypertrophy of the gall bladder, cancer, and a serous or hydatid cyst. As the state of the patient rendered operative interference urgently necessary, a puncture with a large-sized trocar was made, and a litre and a half of purulent fluid drawn off, which, on examination under the microscope, gave the characteristic appearance of hydatids. The author accompanies his narrative of this case by a carefully written clinical commentary. He examines in succession the various methods of opening hydatid cysts of the liver, viz., by caustic, by capillary puncture, and by immediate puncture with a large trocar; and, on various grounds, prefers the last. All purely medical treatment he holds to be at least useless in such cases, and in some it may be a dangerous waste of time. The method of opening the cyst by caustics he condemns as painful, and often inefficacious. Aspiration is always valuable as a diagnostic

measure; as a method of treatment, however, it is not to be relied on, as it frequently fails either to evacuate the fluid or to prevent recurrence. When the diagnosis has been clearly established, no procedure is so satisfactory as puncture with a large trocar, the cannula being left in the wound, and daily injections of some antiseptic fluid made through it. As regards serous cysts of the liver, the author thinks that in the present state of knowledge a differential diagnosis between such and hydatids is impossible without preliminary puncture; he is inclined to attribute many of the cures of so-called hydatid cysts by capillary puncture to the fact that such cysts were, in reality, collections of serous fluid, containing no echinococci whatever.

Rectal Alimentation and Medication.

Dr. J. W. C. O'Neal, of Gettysburg, says, in an excellent paper on the above subject, which appeared in the *Transactions* of the Medical Society of the State of Pennsylvania, at its Thirtieth Annual Session, 1879—

The physiology of the rectum as a lower stomach is not understood clearly; it is thought, however, to nourish through the power of the absorbent vessels. That food is taken up and appropriated there can be no doubt. Precisely how taken up, or how appropriated, is not, as yet, clearly intelligible to the observer. Fæces held in the bowels after an invitation to be passed by nature, become dry, and at times hard, losing much of the moisture that renders them plastic when normal. Milk thrown into the rectum, when permitted to remain, parts with its nourishing properties in a similar manner. Soups, etc., send back only their effete matter. As the fluid is taken from the fæces, so are the nourishing principles picked from the articles of alimentation. Reasoning from this standpoint, may we not come to the conclusion that the use of a part may develop a function; and that a condition of disease may so sharpen a rudimentary power as to enable it to perform a duty hardly designed in the primary organization?

A Rare Form of Spermatorrhœa.

Dr. Enrique Harraez relates, in *El Siglo Medico*, April 18th, 1880, a curious case which lately came under his treatment. The patient was 24 years of age, in apparently good health, so far as regarded any actual pathological deviation. The family history was also good, though various members upon the mother's side had at sundry times exhibited symptoms of a herpetic diathesis. In Dr. Harraez' case, the most curious feature was, that spermatozoa appeared in the urine only once in the twenty-four hours, namely, in that passed immediately after the mid-day meal. The author satisfied himself by actual observation of the truth of this statement. If the meal were omitted, the usual appearance in the urine, namely, that of a thick, ropy, white deposit, did not occur; and it could also be caused to disappear by pressure over the prostatic portion of the urethra during the act of micturition, but if this pressure were relaxed it would at once return. The diagnosis lay between undue relaxation with patency of the spermatic ducts, or increased tonicity of the vesiculæ seminales. During a period of six months, treatment with bromide of potassium, opium, and camphor, followed up by belladonna, ergot, strychnine, and electricity, was practiced without any success. Trousseau's prostatic pad was also tried, but was badly borne by the patient. In these circumstances, the author, recollecting the fact of herpes having occurred in several members of the patient's family, conceived that possibly arsenic might prove of service. This was administered, as Fowler's solution, and the use of the prostatic pad was insisted on. At the end of eight days, however, this latter was no longer needed, as all the symptoms had disappeared. This occurred in July, 1877, since which time there has been no return whatever of the seminal emissions.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received the Thirty-first Annual Report of the Trustees of the Indiana Hospital for the Insane.

——We acknowledge the receipt of the Twenty-First Annual Announcement of the Woman's Medical College of Pennsylvania, for the session 1880-1.

——The Sixty-Third Annual Report on the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason contains valuable statistical tables on the causes of insanity, etc.

——We have just received a reprint from the *American Journal of Pharmacy*, of a paper on Ethyl Bromide, which was read before the Pharmaceutical meeting, April 20th, 1880, by Lawrence Wolff, M.D.

——The report of a case of intra-uterine pregnancy, with post-mortem examination, by Talbot Jones, M.D., of St. Paul, Minn., has been sent us, in a reprint from the *American Journal of Medical Science.*

——Thomas Keith and Ovariotomy, is the subject of a pamphlet by Dr. Marion Sims, of New York, reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*, vol. xiii, No. 2, in which the author gives a detailed report of two operations witnessed by himself. He thinks that Dr. Keith's great success depends on the scrupulous care with which he removes every drop of blood before closing the

abdominal cavity. A portrait of Dr. Keith accompanies the pamphlet.

——The Throat and its Functions in Swallowing, Breathing, and the Production of the Voice, is the title of a lecture, delivered by Louis Elsberg, A.M., M.D., Professor of Laryngology and Diseases of the Throat in the Medical Department of the University of New York, etc., etc., in the Hall of the Young Men's Christian Association, February 25th, 1879, being one of a course of popular scientific lectures, instituted by the New York Academy of Sciences. It has been published in a neat little octavo volume of 60 pages, with illustrations, by G. P. Putnam's Sons, 182 Fifth avenue, New York.

BOOK NOTICES.

A Guide to the Examination of the Urine. Designed chiefly for the use of Clinical Clerks and Students. By J. Wickham Legg, Fellow of the Royal College of Physicians of London, Assistant Physician to St. Bartholomew's Hospital, and Lecturer on Pathological Anatomy in the Medical School. Fifth edition. Philadelphia, Presley Blakiston, 1012 Walnut street, 1880. Paper cover. Small 8vo, pp. 110. Price 75 cents.

This little manual contains the elements of urine analysis, presented in a concise form, and is intended as a students' guide, or as a pocket companion to the busy practitioner who may not have time to consult the larger works on the subject. Simple rules for the performance of the most important examinations are therefore laid down, and the clinical import of any change in the normal composition of the urine is given. An appendix has been added, in which the manner of estimating the urea, chlorides, phosphates, sugar, etc., by volumetric or other rapid analysis, has been described.

The Hysterical Element in Orthopædic Surgery. By Newton M. Shaffer, M.D., Surgeon in Charge of the New York Orthopædic Dispensary and Hospital, Orthopædic Surgeon to St. Luke's Hospital, New York. New York, G. P. Putnam's Sons, 182 Fifth avenue, 1880. Cloth, 8vo, pp. 66.

This is the reproduction in book form of an essay which was read before the New York Neurological Society, December 1st, 1879, and published in three consecutive numbers of the *Archives of Medicine*. It contains several reports of nervous mimicry of knee joint disease, hip joint disease, Pott's disease, club foot, and simulated lesions of other articulations, with remarks on the differential diagnosis between true and false joint diseases and treatment. The literature on orthopædic surgery being rather meagre as regards complications of a hysterical nature, this little volume must be considered as a valuable addition to what has hitherto been written on the subject.

Health and Healthy Homes: A Guide to Domestic Hygiene. By George Wilson, M.A., M.D., Medical Officer of Health for Mid-Warwickshire Sanitary District, and Author of Handbook of Hygiene and Sanitary Science. With Notes and Additions by J. G. Richardson, M.D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Philadelphia, Presley Blakiston, No. 1012 Walnut street. 1880. Cloth, 8vo, pp. 314. Price $1.50.

The author's aim in writing this little work has been to furnish the general reading public with a concise and practical treatise on the prevention of disease, a subject which has of late years been attracting a great deal of attention, though far from as much as it deserves. Beginning with an introductory chapter on vital statistics, in which he points out the amount of preventable disease and the possibility of lowering the general death rate materially, the author proceeds, in the next chapter, to the discussion of the structure and chemical composition of the human body and the physiology and functions of the various organs, a knowledge of which is essential to an intelligent appreciation of the laws of health. In the third chapter the numerous causes of disease, whether hereditary, self-induced, or communicable, endemic or epidemic in their character, are explained. The fourth chapter treats of food and diet, including water and other beverages. In the fifth chapter will be found instructions with regard to cleanliness, bathing and clothing in their relations to health; while the sixth is devoted to a consideration of the hygienic uses and advantages of exercise, recreation, and physical training. In the seventh chapter the essentials of healthy homes and their surroundings are fully detailed, while the eighth treats of infectious diseases and their prevention. The book, which we can heartily recommend, is written in a popular style, technicalities being avoided as much as possible, and deserves a wide circulation.

THE

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SUGGESTIONS FOR PROFESSIONAL SUCCESS.

The question was put to us from several quarters, not long since, How is a young graduate to succeed in practice? What are the points he should observe, to make a good living by his profession? We promised a reply to the inquiry, and now present it. It contains no secret and certain plan, no unknown artifice; it is simply a digest of our observations of the modes of successful practitioners.

In the first place, a doctor, to succeed, must *know his business.* It is just as essential to him as to a carpenter or shoemaker. Bunglers and botchers cannot deceive for any long time. We have heard it stated that ignorant doctors often get large practices, but we are convinced that nowadays this is not the case. The physician now should not only have a thorough training in a medical college, and a certain amount of hospital experience, but he should constantly keep up his medical professional studies, by the attentive perusal of new books and journals. This we lay down as the corner stone of his success.

Secondly, he should *attend to his business.* The old advice is still good: "If you don't keep your office, your office won't keep you." Not only must he stick to his office, and be always ready for calls, but he must be attentive to every case he undertakes. While many people are suspicious, if a doctor calls often, that he is running up a bill, all these and many others are quickly resentful if they think they have been neglected or forgotten. Nor do they like it at all if what has been said or done at one visit is not remembered at a subsequent one.

Next in order of attention are *personal manners and habits.* No man can expect practice in the better class of families who neglects his personal appearance, whose clothes are soiled or seedy, whose breath smells of tobacco, beer and onions, whose hands are unwashed and the nails in mourning. It is needless to say that he must be temperate and of good repute; but it is not at all necessary that he should be a hypocrite, or use a church as an advertising agency.

He must be *stationary.* The place he settles at should be chosen after full consideration; and once settled, he should, unless the very strongest motives arise to dictate another course, determine to remain there in spite of opposition and ill-success. Many men become discouraged after a few years of effort in one location, and thus move from spot to spot, through their whole lives, never building up a good practice anywhere. It is certain they never can do so unless they settle fixedly and doggedly in one place.

He should make *fair charges.* Nothing is gained in the long run, by charging excessively when a chance is offered, as against the estate of a decedent, for example; nor, on the other hand, does it pay to attend a lot of poor families for a very low figure. It is better to demand a fair customary fee from the poorer class, and, of course, a higher, but not an extravagantly high one, from the wealthy. In the long run this pays better.

Books of account should be kept with entire accuracy. The visits should be entered the day they are made. All the items of a bill should

be verifiable at a moment's notice. The books should be balanced frequently, and old and dead accounts charged off.

A very essential point is *collection*. Some doctors rather pride themselves on being indifferent collectors. Their example is to be avoided. Bills should be promptly sent in when due, with a polite note calling attention to them. In family practice in this city this is usually done on the first days of January and July. This is none too often. Once a quarter were better, or even monthly. The nearer the business can be made to approach a cash one, the better.

If the bills are not responded to within thirty days it is proper to write again, or to call personally. In doubtful cases no delicacy need be used, and a certain degree of urgency is perfectly proper. Still, we would not advise such determined collection as that we knew practiced by a down country doctor, who carried away for his fee a poor woman's cook stove. She made such a fuss about it that the village grew uncomfortable for him, and he was obliged to leave.

It rarely pays to sue for a bill, even when the debtor is a "dead beat," that is, a man able but not willing to pay. The bill and costs may, indeed, be collected, but, in country districts especially, the suit is apt to make an unfavorable impression on the community.

While it is important for a physician to live in comfortable style, ostentation and excessive personal or family expenditures are no advantage. In the larger cities there is a great deal of rivalry in display. Liveried drivers, fancy turnouts, costly houses, etc., are quite the rage among Philadelphia and New York physicians; and in less obtrusive forms the same foolish vanity is seen in less populous centres. This is derogatory to a learned profession, and of doubtful value as a business advertisement (which it is intended to be).

It repays a physician to be on good terms with his professional neighbors. He need not be intimate; it is better not; but it is better to overlook and pass by a great deal of annoyance than to fall into open enmity.

As to the numerous Bob Sawyer artifices to impress the public and catch practice, it has not been our observation that they amount to much as business moves. Some are pretty sure to be detected, and their exposure is ridiculous. Nor does the grasping for patients by covert misrepresentations of other physicians pay, in the long run. The most successful men, in a money point of view, we have personally known did not resort to such measures. As a matter of policy, we doubt their value.

Notes and Comments.

Therapeutical Notes.

HYDRATE OF CHLORAL IN GONORRHŒA.

We notice, in *Allgem. Med. Central-Zeitung*, April 24th, 1880, that Dr. Pasqua has found acute gonorrhœa to yield rapidly to the following treatment:—

℞. Chloral hydrate, gr. xxiv
Aquæ rosæ, ℥ iv. M.

Sig.—To be injected twice daily, into the urethra, and retained for a couple of minutes.

SULPHIDE OF CALCIUM IN SUPPURATING BUBOES.

Dr. Fessenden N. Otis states, in the New York *Medical Journal* for May, 1880, that he has been in the habit, for the last five years, of prescribing the sulphide of calcium in cases of threatened suppuration in phlegmonous swellings, from various causes, and as a rule, with very gratifying results. Dose, one-twelfth of a grain every two hours.

Statistics of Frostbite.

Dr. H. Fremmert has published, in Langenbeck's *Archiv*, volume xxv, the statistics of the cases of frostbite admitted into the Obuchow Hospital, in St. Petersburg, during the ten years, 1867-77. The total number was 494, 456 being males and 38 females. In general, the number of cases of frostbite was greatest in the most severe winters, but it was not in absolutely direct ratio to the temperature. The circumstances which specially favored the occurrence of frostbite were sudden changes of temperature, early setting in of frost, severe frost occurring during great public works, and long continuing violent winds. The total number of cases of frostbite occurring in St. Petersburg, during 1870 is calculated by the author as about 700, of which eleven per cent. were admitted into the Obuchow Hospital. In this year there were three

deaths from the operation of cold. Moderate degrees of cold are sometimes borne for an astonishingly long time without destroying life. In the winter of 1850 51 a peasant was enclosed in his sledge by a firm crust of snow. On the first day he had some bread, but afterward nothing, until he was found, at the end of twelve days; he was then conscious; his face was yellowish; his body much emaciated; several toes were frozen. He recovered; but there was still obscurity of vision in both eyes at the end of two months. Of 402 cases of frostbite occurring in men, regarding which accurate data could be obtained, 112 occurred in passive conditions; viz., 55 during sleep on the ground, and 57 in wagons or sledges. Almost 40 per cent. of the frostbites occurred during intoxication. Of the 38 cases in women, 7 were in passive, and eleven in active, conditions; in 10 the attack took place during intoxication. Only 212 ont of the 494 patients had sufficiently warm clothing. In 29 cases the individuals were exposed to the action of cold during at least twelve hours; in 300 cases the exposure was shorter, but in all cases lasted several hours; in 91 it varied from half an hour to two hours. As regards the part of the body, in 333 cases of frostbite the lower limbs alone were affected; in 105 the upper limbs; in 38 both the upper and the lower limbs; in 12 the limbs and other parts of the body. In only 6 cases the extremities were not frostbitten, the parts affected being the external ear, the nose, the cheeks, the prepuce, and the glans penis. The right hand was affected more than twice as frequently as the left, and the right foot oftener than the left, in the proportion of three to two. This latter fact is believed by Dr. Fremmert to be due to the practice of allowing the right foot to hang out of the sledge during traveling. The spontaneous separation of frozen fingers and toes took place generally on the sixteenth, seventeenth and eighteenth days, but sometimes was delayed until the middle of the sixth week. The general health of the patients remained undisturbed throughout in 52 per cent. of the cases; in 23 per cent., frostbite caused general disturbance: viz., in 7 per cent. there was hospital gangrene, in 6 per cent. erysipelas and phlegmon, in 8.4 per cent. traumatic and pyæmic fever (after operation), and in 1.6 per cent. septicæmia, cerebral embolism and tetanus. The average duration of treatment was, in the mildest cases, little more than two weeks, in mild cases six weeks, and in severe cases from two to five months. Death occurred in 42 cases (in 18 from pyæmia and septicæmia); 54 patients were discharged in progress of recovery, and 398 cured. The author says little of treatment: vertical suspension was found useful, and antiseptic dressings were used.

Systemic Poisoning by the External Application of Carbolic Acid.

The following case was reported in the *Medical Times*, May 8, 1880, by Dr. Comegys Paul, of this city:—

A young convict, about 24 years old, complained of the excessive discomfort caused by a crop of herpes upon his right side, extending from the nipple to the axilla. The part was painted with a saturated solution of carbolic acid, with the effect of entirely relieving the pain. It was then dressed with vaseline. Two days after he asked to have the acid again applied. Within twenty minutes after it was done he became faint and dizzy, very weak in the legs, and exhibited all the signs of a general collapse. The condition lasted about half an hour, when he gradually began to revive.

The surface covered by the carbolic acid was not more than five square inches, and the second application came in contact with only a partially denuded cuticle of much smaller extent.

Nerve Grafting.

We learn, from the *British Medical Journal*, May 6th, 1880, that at the recent Surgical Congress, in Berlin, Herr Gluck reported the results of some observations which he had made on the transplantation of nerves. His experiments had been performed on twelve common fowls, from the sciatic nerves of which he had removed portions three or four centimetres (0.12 to 0.16 inch) long, and substituted for them portions of the sciatic nerves of rabbits. At the end of eleven days the conducting power of the nerves was found to be restored; irritation of the sciatic nerve above the transplanted portion (the nerve being carefully isolated) producing muscular contraction. The restoration of the conducting power occurred even when the position of the peripheral and central ends of the transplanted nerve were reversed, the latter being fastened by suture to the central end of the divided nerve in the fowl, and *vice versa*. In order that the result may be successful, union of the ends of the nerves by the first intention is indispensable. This, according both to the present and the former researches of Herr Gluck (described in Virchow's *Archiv*, Band 72), is a true regeneration, consisting in the development of ganglionic cells (neuroblasts) which, at the end of three

days, have united the axis cylinders of the central and peripheral portions, while the change of the rows of nerve cells into young nerve fibres sets in between the sixth and the eleventh day. Herr Gluck expressed the hope that his researches might prove to be of considerable practical value. He was able to show animals which, after the nerve grafting, walked as well as others on which suture of nerves had been practiced long before; while, on the other hand, fowls from whose sciatic nerves large portions had been simply removed still remained lame at the end of eight weeks.

The Wourali Poison.

Mr. Montague Flint, F.R.G.S., in *Temple Bar* for May, gives an account of the circumstances attending the preparation of wourali by the Macusis of the Canuca Mountains. The people of this tribe say they are the sole patentees of this subtle and renowned poison; and even of the Macusis, only a few know how to prepare it. It is accounted a great secret, and is imparted from father to son or next male heir, when the former is believed to be at the point of death. The process of manufacture is carried on on comparatively rare occasions, and is surrounded with great solemnity. For ten days previous to the first boiling down all the men who are to take part in it are supposed to fast, and all the women of the tribe are carefully kept out of the way. The long arrows the natives use with the bow are sometimes dipped in the poison, and a small tube of bamboo placed over the tip, to prevent any one being accidentally pricked by it. The blow-pipe arrows or shafts, mentioned by Waterton and others, are thin slips of hard wood, made from the stem of the leaf of the cucurite palm. They are generally from twelve to eighteen inches in length, sharpened at one end and wrapped round the other with common cotton, or with the brown, silk-like cotton of the silk-cotton tree. The sharp points are dipped in the wourali, which is of the color and consistence of melted glue. These they carry in a wicker case, shaped like a dice box, but larger, very closely woven, and with a leather top and bottom, the top opening on a leathern hinge. The length of the blow-pipe itself varies from twelve to fifteen feet. Thus equipped, they range through the forests, shooting monkeys, birds, or such other animals as come in their way. The only antidote to the poison they are in the habit of using is a kind of earth worm, well known to them, and common enough in these parts. Should any of them be so unfortunate as to get scratched, a hasty search is made for some of these earth-worms, which are pounded together, a portion being used to anoint the wound, and the rest swallowed by the patient.

Salicylate of Lime as a Topical Application in Chancroidal Ulcers.

Dr. Rodriguez Viforcos gives, in *el Siglo Medico*, for March, 1880, an account of two cases of what he calls syphilitic ulcers, but which we take to have been chancroids, in which the beneficial effects of salicylate of lime were very marked. The first case was one of soft sores, five in number, occupying the sutures between the prepuce and the gland. These were dressed several times a day with a two per cent. solution of the salicylate of lime. Within eight days the surface of the ulcerated patches was perfectly clean, the character of the inflammation had changed, and in three days more (eleventh of treatment) healthy granulations had everywhere appeared. The second case was one of phagedenic ulceration of the skin of the penis, extending from the middle to the base of the organ. The parts were very much swollen, and the destructive action was evidently spreading. The author refrained from cauterization, believing that such a proceedure tends, if anything, to increase the probability of necrosis, but had recourse to carbolic acid, alcohol, tincture of iodine, and various other medicaments. None of these, however, giving satisfactory results, he tried the same solution of salicylate of lime as in the preceding case. The effects were remarkable; the pain at once became less, and cicatrization, hitherto so sluggish, now set in with healthy vigor. Within thirty days of commencing the application of the salicylate the ulcerated surface was completely healed over.

Deaf-Mutism.

The *British Medical Journal*, May 8th, 1880, informs us that M. Boucheron has lately read a paper at the Paris Academy of Sciences, on a mode of treatment of certain infantile cases of deafness, or deaf-mutism. The cases to which he referred are those arising from naso-pharyngeal catarrh, causing the mucus of the Eustachian tube to swell and stop the passage; the stirrup bone, ere long, being, through pressure of external air on the tympanum, made to press strongly on the liquid of the labyrinth, injuring the acoustic nerve. M. Boucheron gives chloroform to the child, and practices catheterism, insufflation of air, and pharyngeal cauterization with a brush dipped in iodine solution.

Treatment of Tetanus by Smoking Indian Hemp.

Dr. John C. Lucas, in the *Medical Times and Gazette*, strongly advocates the treatment of tetanus by smoking Indian hemp. The leaves of the cannabis indica are mixed with three or four times their quantity of ordinary tobacco. Directly there are indications of a spasm coming on, the fumes are inhaled until the attack ceases. The patient is then left quiet, but carefully watched, so that the pipe may be instantly handed to him on any appearance of the spasm returning. In this way the patient is kept continuously under the influence of hemp, day and night, nourishment being carefully administered at the same time. The advantages claimed for this mode of treatment are these: 1. The spasms are cut short. 2. They reappear gradually, at longer and longer intervals. 3. They gradually become not only less frequent, but less severe. 4. This saves the patient's vital powers. Mr. Khasligir, of India, has also treated five cases of traumatic tetanus, all recovering, by this method.

The Removal of a Neoplasm from the Bladder.

Prof. Marcacci relates, in *L'Imparziale*, February, 1880, a case in which he illuminated the interior of the bladder by magnesium light, the rays being projected into the interior of the viscus by a concave mirror. By this means he was enabled to diagnose the existence of a neoplasm, which proved, on examination, to be villous in structure. The bladder was laid open anteriorly, throughout its whole extent, by a suprapubic incision, the peritoneum being necessarily divided. Through this large opening the growth was removed in fragments. At the time of the writing, nine days after the operation, there had been no untoward symptoms, and the case promised most favorably.

Correspondence.

Value of the Forceps in Difficult Labor.

Ed. Med. and Surg. Reporter:—

On May 5th, 1880, I was called upon to attend a Mrs. R., in her first confinement. She is a perfectly healthy woman, twenty-four years of age, and weighs about 150 pounds. She had come from the country to her mother, in Yazoo City, to be confined. I arrived at the house about five P. M., and found her in incipient labor; pains very short and at intervals varying from fifteen to twenty minutes. On examination per vaginam, I found the os uteri soft and yielding, but not dilated. I was told by her mother that she had gone beyond the expected time, that she had had a "show," a discharge from the genitals of mucous matter mixed with blood, for a week, but she had none at the present examination. Living only a short distance from her residence in the city, I left the house, as there was no necessity for remaining, and told them to send for me when the pains became more regular and uniform. At 9 P.M. a messenger summoned me in haste, and when I reached the premises I found my patient under full head of labor. On examination, I found the os dilated to the size of half a dollar, soft and yielding, and through the os my finger touched a hard substance, which I thought was the occiput of the child. Anticipating a natural labor, and feeling somewhat fatigued, I drew a chair to the bed, and waited until interference would be necessary, for by this time the pains were strong and lasting longer. I did not have to wait long; the waters broke in about thirty minutes after taking my seat, and on reëxamination I found a face presentation, face toward the symphysis pubis, and the occiput to the promontory of the sacrum, being the fourth position of face presentation, according to the late Professor George Mendenhall, of Cincinnati, my tutor. I was at once awake to the situation, and tried to alter the position before it descended into the strait, if possible. The excellent physique of the woman, as well as a large, roomy pelvis, with hard and persistent labor pains, I thought would be favorable to my undertaking. I placed my two fingers on the forehead of the child and pressed it forward to the symphysis pubis, my two fingers acting as a lever during the pains, and at the same time with my left hand pressed gently on the abdomen. I worked in this way for about an hour, without any progress or benefit to the patient, or in the way of accomplishing my object. The chin of the child had slipped from under the os pubis; the pains were increasing in strength, and the head of the child was firmly impacted.

I at once sent a messenger to my office, for instruments and chloroform. On their arrival the lips and cheeks of the child were already œdematous, the throat pressing against the os pubis. Without any delay I put the patient under the influence of chloroform, and applied the forceps, for the mother showed signs of rapid exhaustion, and the child was in danger of suffocation, as every pain forced its throat against the pubic arch. Knowing the exact position of the child, I had very little difficulty in applying the forceps, applying each blade over the cheek and ear. I then locked the forceps securely, and placed myself in position to give a steady, firm traction with the curve of the sacral arch during pain; and with the third pain the head of the child was delivered, and the child alive. Hemorrhage followed, which was checked by means of raw cotton. I then introduced my hand into the uterus, and giving the placenta a twist, it was also delivered, at the same time using abdominal friction. The uterus contracted readily, and hemorrhage ceased. The mother reacted from the chloroform without any nausea or vomiting. The child was somewhat disfigured, from œdema of the lips, cheeks and eyes, and its little throat was somewhat blue and stretched, where it had rested under the pubic arch; but otherwise it did not have a scratch. It breathed

fast, with a wheezing sound, like a person afflicted with asthma. The mother was not injured, except a slight rupture of the perineum. It is now fourteen days, and mother and child are both doing well. The œdematous swelling of the child disappeared on the second and third day.

It may seem to some of my professional brethren that I am inclined to favor meddlesome midwifery, on which several articles in your valuable journal have been published, that this woman, with an excellent physique, and other gifts of nature, should have been delivered by forceps in the short space of time of seven hours. Why not have used the vectis, instead of the forceps? In reply, I will simply state that vis medicatrix naturæ could never have accomplished what the forceps did in this case. In the above described position the child could never have been born without instrumental aid, nor could the child have lived one hour longer in that position. I did not use the vectis because it would not have answered the purpose in this case. I could not have made with it any traction or pendulous motion, so essential in impacted heads, and besides, the pressure with it on the skull of the child would necessarily have caused some damage in this case. As regards forceps, I look upon them as one of the noblest instruments in our profession, and if properly used it is seldom any harm comes from them, either to mother or child.

In applying forceps, however, we should always evacuate the bladder and rectum, have an accurate conception of the position of the head of the child, manipulate so the blades will easily lock, never force them to lock, use traction only during pain, expand the blades at intervals of pain a little, but never unlock them, as some obstetricians advise, but keep your finger on the lock all the time; it is the slipping of the blades and the force used during the interval of pains which does all the harm. I should, however, not advise to use the forceps in all lingering and difficult labor, but should advise their use when needed, while the mother is still able to do her part, and not wait until the eleventh hour, when life and energy are almost extinct; this done, the forceps will enjoy a better reputation than they do now. I have used the forceps for the last twenty years, in hospital and private practice, and always with gratifying results; it is my humble opinion that all or most of our bad results arise either from misapplication or a too late application; for the use of the forceps is looked upon by many practitioners as the *dernier* resort in obstetrics. When the suffering mother, after having spent long and weary hours in agonizing pains, and exhausted her vital force in a fruitless effort for relief, has been dosed, to speed her on the road to exhaustion; when fear and despair are legibly written in her countenance, and she is subjected to an additional shock by the hurried application of the forceps, what result can we expect? In her helpless condition she cannot comply with nature's law, and the troubled accoucheur, to save the lingering spark of life yet left, has to resort to the only means of relief, the forceps, which he applies in hurry, or perhaps with force, and is compelled to drag or pull the child from its mother by main force, at the imminent peril of both, and if he does not hurry them to an untimely grave, causes, perhaps, such damage to the mother as to make her future life gloomy, if not unendurable.

Yazoo City, Miss. I. I. Steinriede, M.D.

A Case of Extra-uterine Pregnancy.

Ed. Med. and Surg. Reporter:—

About the middle of last March, a young married woman, Mary A., aged twenty-two years, died suddenly, under such peculiar circumstances as obliged the attending physician to report the case to the Coroner, who ordered a post-mortem examination. The body, which I saw some ten hours after death, presented no unusual appearances, beyond a marked prominence of the abdomen and a slight discharge of blood and mucus at the vaginal orifice. Upon dissection all the organs were found in a healthy condition, save the uterus and its appendages. The uterus, which was larger than normal, measured, from the os to the fundus, four inches in length, and was two and three-quarter inches in breadth at the fundus; its walls measured half an inch in thickness. The mucous membrane lining its cavity was hypertrophied and peeling off in shreds; the os uteri was closed by a plug of thick gelatinous mucus. The right Fallopian tube, measuring four and three-quarter inches in length, was much thickened and its calibre enlarged, the fimbriated extremity being obliterated, and the end of the tube being attached to the outer end of the right ovary. The broad ligament on this side was thickened and drawn up to the Fallopian tube by old inflammatory adhesions, in such a manner as to cause the ovary to present on its anterior surface. This Fallopian tube contained a small amount of thick, grumous pus, and the ovary, which measured one and a half inches in length, contained a number of Graäfian vesicles, in various stages of immaturity. The left ovary, measuring two and one-eighth inches in length, contained a corpus luteum, three-fourths of an inch in length and half an inch in width, whitish in color, the convoluted walls being of a pale yellow. The left Fallopian tube, which was drawn down to the ovary by a thickening of the broad ligament, measured two and a half inches in length, and terminated in a cystic appendage, four and a half inches long by three inches thick, from behind forward, and, as will be seen, this cyst was the pavilion of the Fallopian tube. The dependent extremity of this appendage was attached to the outer side of the left ovary, and a quarter of an inch from its attachment there was an irregular orifice of rupture in the wall of the cyst; this aperture was plugged by a small clot of blood; the peritoneal cavity was filled with clots and liquor sanguinis, to the extent of some three or four pounds, death having evidently been the result of hemorrhage. Upon cutting into this peculiar appendage of the left Fallopian tube a quantity of clear liquid escaped, and in its interior I found a well formed male fœtus, which measured, when extended, four and one-eighth inches in length, and which I judged to be from twelve to fourteen weeks old. The cord measured five inches

in length, the chorionic part of the placenta being attached to the posterior wall of the cyst, toward the upper left hand corner. The wall of this cyst averaged about one-eighth of an inch in thickness, and was composed externally of serous membrane, internally of hypertrophied mucous membrane, and of the villous processes of the chorion, which, when examined microscopically, were found to be beautifully developed.

Judging from the point of attachment of the cord to the placenta, this most interesting case would seem destined to go upon record as another instance of extra-uterine pregnancy occurring in the pavilion or fimbriated extremity of the Fallopian tube, of which, upon reference to the rather scanty literature on the subject, in Dr. Parry's most valuable work, I find that, out of 500 cases of extra-uterine impregnation, there were but 34 recorded cases. It would be a point of much interest could we determine whether the morbid condition of the Fallopian tubes was due to the occurrence of extra-uterine impregnation, or whether it existed previously. Unfortunately, neither the woman's previous history nor the post-mortem can throw any light upon this interesting question. Of the woman nothing is known, except that she had been ailing for some three months, with no very definite symptoms, until within a few days previous to her death, when she was seen by Dr. J. D. Schoales, of this city, who treated her for neuralgia, and who informed her that she was pregnant. On the day before her death she was seen by Dr. C. G. Polk, who found her suffering from severe pain in the bladder, micturition frequent and difficult, considerable abdominal tenderness, pulse 112 and feeble, respiration 40, skin cool, countenance anxious. The uterus seemingly normal, and not much, if any, larger than natural. She stated to him that she believed herself pregnant, not having menstruated for three months. Examination of the mammæ revealed the darkened areolæ, and Dr. Polk strongly suspected extra-uterine pregnancy. He prescribed morphia, belladonna and potassic bromide. When he next saw her, at seven A.M. the following morning she was dead; the body was still warm. The woman, it was stated by her husband, had complained during the night of violent pain in the abdomen, and of a frequent desire to go to stool, and early in the morning, while at stool, fainted, was placed on her bed, but never afterward regained consciousness. The unexpected suddenness of her death made it necessary for the Coroner to investigate it. From her husband it was ascertained that about a year previous to her death she had been pregnant and had aborted; at what period of pregnancy, however, no reliable information could be obtained.

JOHN G. LEE, M.D.,
Coroner's Physician.
107 *South 13th street, Philadelphia.*

A Case of Poisoning by Phytolacca Decandra.

ED. MED. AND SURG. REPORTER:—

March 30th, 1880, was called to see H., infant, aged two years. History. Had been playing "keep house" with a sister two years older, who, having inviting the youngster to dine with her, had placed upon her table the luxury, polk root, calling it sliced turnips. Not being able to go I sent my friend and pupil, Dr. J. R. Gray, who made the following report. Child had taken probably two ounces (as the mother said a handful), about 4.30 P.M. Vomiting occurred at 5.30. Dr. Gray arrived at 10 P.M. Found it vomiting and extremely restless, with constant thirst; pupils widely dilated, as much so as if a large dose of belladonna had been taken; pulse too fast to count, weak and wiry; tongue, month and fauces swelled, red and dry; great prostration. Gave Hartshorne's cholera mixture, every hour and a half. No change occurred for two hours; added digitalis and whisky toddy every hour, which caused an improvement in volume and distinctness. Left at 12 o'clock, ordering the treatment continued. 9.30 A.M., reported better; slept an hour, but had commenced to purge, probably from castor oil, of which they had administered several doses on their own responsibility; I added ice to treatment and forbade all water except slippery elm.

2 o'clock P.M., March 31st. Seen by myself; resting easy; no vomiting since 11.30 A.M., when the ice and slippery-elm water had been given; all the previous treatment had been continued; purging had ceased at 10 o'clock; pupils still dilated; pulse rapid but full and soft; tongue and fauces still red, but not swollen; drank half a glass of milk at 12 o'clock, and suckled at 1, falling asleep afterward, and being asleep when I arrived. Ordered all treatment discontinued and left the child asleep. Perfect recovery followed.

Elizabethtown, Ky. A. W. MORRIS, M.D.

NEWS AND MISCELLANY.

Resuscitation of an Executed Criminal—Death from Delirium Tremens the Following Day.

The *Lancet*, May 15th, contains a brief account of the resuscitation of a criminal named Takacs, who was hanged recently at Raab, in Hungary. The method of execution adopted in Hungary is peculiar. There is no drop; the gallows is but little raised. The noose is of fine rope, and is placed around the neck of the criminal, and is then so tightened by a sudden "tour de main" of the executioner as to cause strangulation, and even dislocation of the cervical vertebræ. Great skill is, of course necessary, to produce this effect. Afterward, the body of the criminal is raised to the gallows by the assistants of the executioner. Formerly the dislocation of the vertebræ was produced in a much more certain, although more brutal, manner. After the criminal had been suspended, the executioner jumped upon his shoulders with a force which never failed to produce the desired effect. In the present method a powerful contraction of the muscles of the neck may interfere with the effect of the sudden tightening of the noose. In the case of Takacs the same effect was produced by another cause. The execution took place in the ordinary way. The medical officer in attendance stated, immediately, that the man was dead, and in two minutes the body was cut down and carried to the post-mortem room of the Raab Hospital. Professor

Bierbaurer proposed to make some observations upon it by electrical stimulation, but when he was about to commence tremors were observed, and a choking noise was heard in the throat. The Professor's assistants were seized with panic, and a message was sent off to the Procureur General, to know what should be done with the body of a criminal the muscles of which contracted without the aid of electricity! Pending the reply, however, the Professor set about completing the resuscitation. It was found that the vertebral column was intact, and that there was a large scrofulous sore on the neck, which had apparently been so irritated by the rope as to cause extreme pain and death-like syncope. It seemed, also, that a number of enlarged glands had prevented the compression of the trachea, and strangulation. The first distinct movement which was observed was the elevation of the hand to the back of the neck. As consciousness returned the patient passed into an intense attack of delirium tremens, of which he died next day.

Opposing Compulsory Vaccination on Religious Principles.

The Punjaub Hindoo Association deprecate compulsory vaccination and the putting of a new sanitary primer, written by the Sanitary Commissioner with the Government of India, into the hands of schoolboys and of half-educated people, for the information it contains as to the source from which vaccine lymph is obtained. They maintain that in the Punjaub, at least, Hindoos are, as a rule, unacquainted with this source, and that the knowledge of the lymph being derived from the *cow* would, on religious grounds, be fatal to the practice of vaccination among them, as the use of such lymph, or to abet its use, would be to commit, or cause to be committed, a ceremonial impurity. They also express their regret that attention had not been given to procuring vaccine lymph from the buffalo (which would not affect religious susceptibilities), and not from the cow.

Inoculability of Leprosy.

The following case is related in the *Medico-Literary Journal* for May, 1880:—

The son of a physician on one of the Hawaiian Islands inoculated himself with the disease. He was playing with a little native leper in whom the disease had so far advanced as to have caused the loss of all sensibility in his legs, below the knees. The leper was amusing his playmate by inserting a pin into the calf of his leg, and the plucky white boy, not to be outdone by a Kanaka, took the same pin and inserted it into his own leg. The consequence was the physician's son became a leper.

A Novel Suture.

The Rev. J. G. Wood, the well-known writer on entomology, says the *Medical Times*, is responsible for the statement that in some parts of Brazil ants are used for sewing up wounds. He says—

"They simply pinch the edges of the wound together and hold the ant to it. The creature immediately bites at the obstacle, making its jaws meet. The native surgeon pulls away the body, leaving the head still adhering. Seven or eight ants' heads are sometimes employed for a single wound."

OBITUARY NOTICE.

The death is announced of Dr. Charles T. Van Winkle, one of the oldest practicing physicians in New Jersey, who followed his profession for forty years, at Little Falls, near Paterson. Besides having an extensive country practice, which gave him a wide reputation, he was known as a public-spirited citizen. Although nearly 80 years old, he was quite active until very recently.

QUERIES AND REPLIES.

Dr. J. W. C., of Alabama, writes: "One physician has a case of surgery, and he calls in two others to aid him. He gets $100 for the case, and gives to each of the other doctors $25, keeping $50 for himself. Is that agreeable with the spirit of the Code of Ethics? One of the doctors called in furnished the instruments.

Ans.—The Code of Ethics lays down no definite rule for guidance in such cases, but generally the attending physician would be entitled to the largest fee, unless one of the others were called in as a specialist, and performed the operation. The fact of having furnished the instruments would be considered only as an act of courtesy, not entitling the owner to any additional fee.

MARRIAGES.

BAKER—OLIVER.—May 20th, 1880, by Rev. E. B. Furbish, at the residence of the bride's father, F. J. Baker, M.D., of Youngstown, N. Y., and Miss Isa B. Oliver, of Lockport, N. Y.

KING—RAMSDELL.—In Harrington, Me., May 9th, by Rev. G. G. Winslow, assisted by Rev. W. H. Crawford, J. Melville King, M.D., of Damariscotta, to Miss Alzena M. Ramsdell, of Harrington.

STUART—PARKHURST.—On May 15th, 1880, by the Rev. Erskine N. White, D.D., James H. Stuart, M.D., of Boston, Mass., and Henrietta, daughter of the late Albert Parkhurst, of New York.

WILSON—PORTER.—By the Rev. Seth R. Gordon, April 22d, 1880, at the residence of the bride's father, Dr. W. G. Wilson and Miss Lizzie Porter, all of Pulaski, Pa.

DEATHS.

BARTON.—In Orange, Mass., May 7th, Dr. Edward Barton, aged 74 years, 3 months.

CLANCEY.—On College Hill, Cincinnati, Ohio, May 7th, 1880, Laura Sadd, beloved wife of Dr. D. W. Clancey.

FREEDLEY.—In this city, suddenly, on the 27th ult., Henry Stiles Freedley, M.D., in the twenty-fourth year of his age.

HAHN.—At Freeland, Montgomery county, Pa., May 12th 1880, Ann Bringhurst Hahn, wife of Dr. William B. Hahn, aged 73 years.

MASON.—At Paris, France, Thursday, May 27th, suddenly, after a brief illness, Mary Isabella, wife of Dr. William Mason, daughter of Mr. George James Webb, aged 46 years.

MITCHELL.—In this city, on the 17th inst., of pneumonia, Florence L., wife of Dr. J. Nicholas Mitchell, and only daughter of Dr. A. R. Thomas.

ROWAND.—In this city, on the 24th ult., Dr. John R. Rowand, aged 69 years, 2 months.

WATSON.—At Dresden, Saxony, on the 16th inst., Helen F., wife of Dr. A. T. Watson, and daughter of the late Elisha W. King.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

HYPER-DISTENTION OF THE PULMONARY ALVEOLI AS A THERAPEUTIC AGENT IN CHRONIC DISEASE OF THE RESPIRATORY MUCOUS MEMBRANE.

BY J. SOLIS COHEN, M.D.,
Of Philadelphia.

As mentioned in the last edition of my little treatise on "Inhalation,"* I have long sought for an apparatus applicable to the convenient administration of inspirations of condensed air. All the available apparatus that I have seen are so bulky as to practically confine the treatment to the office of the practitioner, to the great consumption of his time, and to the corresponding expense of the patient; circumstances which necessarily limit resort to this valuable therapeutic agent. The apparatus of Waldenburg, figured and described in the volume referred to, is very satisfactory, and in the cheap form constructed for the clinical room of the laryngoscopic department of Jefferson Medical College Hospital, is not beyond the reach of patients in quite moderate circumstances; but it is by no means a portable instrument. And until a portable instrument is constructed at a moderate cost this method of treatment is not likely to make much progress in America, despite the favor that has been awarded it in Europe.

It was with great pleasure, therefore, that about a year ago I received a letter from my esteemed friend, Dr. W. Y. Gadbury, of Yazoo City, Mississippi, detailing me a plan he had adopted successfully in a number of instances, and requesting me to avail myself of my better facilities for encountering suitable cases, to put his plan to the crucial test from which he was debarred by lack of proximity to a large medical centre.

Dr. Gadbury employs the rubber compressor of the hand-ball atomizer; and his plan is as follows: The patient, having dilated his lungs to their greatest capacity by a forced voluntary inspiration, immediately compresses the nasal passages with one hand, while he places the tube of the compressor between his lips with the other, then closes the lips gently upon it, and rapidly works the compressor. A few squeezes pump an intermitttent current of compressed air into the lungs; and as soon as the distention becomes unpleasant, or the need of an expiratory movement is required, the instrument is withdrawn, to be replaced and re-employed in the same manner a few moments subsequently; the operation being repeated four or five times in succession.

I have given this plan a trial during the past year, in my private practice, and in the clinical practice of the hospitals with which I am connected; and am in a position to estimate its value and capabilities. It cannot be safely employed in all the cases in which insufflations of compressed air, as supplied from the apparatus of Waldenburg and others, are applicable; but it has a sufficiently wide range of utility to commend it to professional attention; and in a certain class of cases, to which allusion will be made presently, it is of greater service than the bulky machines adverted to.

In patients liable to hæmoptysis, or other hemorrhages, and in certain cardiac and visceral

* Philadelphia, 1876, page 55.

disorders, the intra-thoracic compression, if left to the patient, is apt to be too powerfully exercised, and thus to be absolutely detrimental; and it is to the hands of patients that the instrument is to be confided. It is seldom safe to employ compressed air with a pressure exceeding from one-sixtieth to one-thirtieth of an atmosphere, and quite delicate handling of the ball-compressor is requisite to keep within this limit, while the size of the compressor prevents access of air in large volume, or at constant pressure. Thus, for general purposes, this plan, unmodified, cannot supersede the use of more complicated appliances.

There is one use of the Gadbury method, however, to which I desire to call the attention of the profession prominently; and that is its employment as a mechanical expectorant. Time and again I have placed the little compressor in the hands of a patient with bronchioles and air-cells clogged with mucus and pus, to see its use immediately followed by copious expectoration, to the great comfort of the patient. The process is repeated until it ceases to be followed by expectoration, and then there is absolute or relative relief from the desire to cough, until re-accumulation indicates a renewal of the procedure at intervals of a couple of hours, or longer, according to circumstances. I have frequently availed myself of this method of clearing the air passages previous to careful physical examinations, when abundance of moist rales were present, and have been better able to estimate the actual conditions of the respiratory organs on auscultation afterward. Hence, in chronic bronchitis, of whatever origin, compressed air can be employed with advantage in this way, to discharge the mucous accumulations from the air passages, and spare them much of the topical irritation to which they are otherwise subjected. In a few instances I have seen chronic bronchitis relieved by the use of this method, without any medication whatever, and far more rapidly and effectually than follows the administration of medicinal expectorants, which are too often coupled with the disadvantage of interference with the processes of nutrition by their nauseant influence upon the alimentary tract.

The physical action of this mechanical expectorant is simple. The hyper-distention of the air cells permits the access of air under pressure to points beside and beyond the masses of mucus clinging to the walls of the bronchioles and alveoli, and excites effective cough, which removes the partially detached masses. Several of my consumptive patients clear their passages out at bedtime in the manner indicated, and secure a good night's rest, free from disturbance by cough, without the administration of opiates. When they rise to dress, they clear the parts of the accumulation over night, in like manner, and attack their breakfast with relish. Some individuals have little or no occasion to expectorate during the intervals, and can pursue their vocations, relieved of the frequent and recurring plague of an annoying and harassing cough. The therapeutic advantage of an agent capable of doing this much is incontestible; and it is for the purpose of drawing attention to this simple and inexpensive contrivance, and of having its merits tested on an extended scale, that this article has been written.*

*Dr. Cohen presents the above as a preliminary article, to be followed, as leisure permits, with a description of the adaptation of a blow-pipe contrivance for the same and similar purposes, and some remarks on the pathological conditions in which it may be resorted to with prospect of advantage.

REMINISCENCES OF A VISIT TO EUROPE IN 1879.

BY LAURENCE TURNBULL, M. D.,
Of Philadelphia.

Paris in October is a quiet city, so far as medical matters are concerned. The active sessions of the schools do not begin their regular work until November, and even the hospitals have not yet commenced their clinical work. To-day, October 15th, I visited the great hospital, "La Salpetrière," but was disappointed, in not finding Professor Charcot, so turned my steps to the "Cliniques des Maladies des Yeux," of Dr. Landolt, 27 Rue Saint André-des-Arts. This is an out of the way place and difficult to find, like many other of the interesting objects in this city, with its crooked streets and odd looking-houses. The clinic began, not at twelve or one, but at two o'clock, and his private hours for consultation are from half-past four to six P.M., except on Sundays. I found the Doctor better known abroad, by his works, than even in Paris, and yet he holds the position of "Directeur Adjt. du Laboratorie d'Ophthalmologie a la Sorbonne." The labors of Dr. Landolt are well known to us by his "Manual of Examination of the Eyes," the result of a course of lectures delivered at the "École Pratique," and translated by Dr. Swan M. Burnett, of Washington, with extensive revision and additions by the author; and like all young authors, he still finds something to improve, or something which is omitted that he would like

to add; a course, doubtless, much objected to by the publisher, on account of the cost.

I was early, and found but few patients in the waiting room, but it gradually filled up, there being some eighteen or twenty. I was invited into the adjoining room, and on presenting my letter was most kindly received by the Doctor. This was the lecture room, and there was also a small private room, in which the Doctor entered by a private door. There were a few students and some five or six physicians present. There was one female student, a pleasant English girl, who took notes and watched every case, evidently taking a deep interest in her studies. The Doctor has two assistants, and a small hospital attached, with fifteen beds. In his report of his clinique, which he presented to me, I found the whole number of cases registered, from January 1st, 1878, to January 1st, 1879, was 3039 cases of diseases and injuries of the eye.

The first cases of special interest which he brought before the class were "strabismus convergens," showing its intimate connection with hypermetropia; also cases of "divergens" associated with myopia. In one case he had to direct the patient to employ a minus glass of two and a half inches focus, which was rare, and one of four and a half. There were a large number of cases requiring fitting with glasses, and the testing of vision, accommodation, etc. Dr. Landolt recognizes three varieties of myopia: 1, the myopia of an eye perfectly healthy; 2, functional myopia, due to spasm of the accommodation; 3, myopia symptomatic of a disease of the eye, or choroiditis. The following are his own views on the cause of the frequency of myopia among the inhabitants of certain countries:—

"The countries in which myopia may be said to be characteristically endemic are countries which are little favored, either by climate, soil or commercial wealth. The inhabitants are by nature intelligent and active minded, and keenly alive to the advantages of procuring for themselves a share of those riches which their more fortunate neighbors have inherited from nature. They have, therefore, for a long series of generations, been obliged to procure by their own efforts what a niggard soil, an ungenial climate, or a disadvantageous geographical position has denied them. In a country so situated it is necessary for individuals to seek extraneous and artificial sources of wealth. Some, therefore, will apply themselves to various handicrafts, others to scientific or speculative pursuits, and will dispose of their work, their business knowledge, or their scientific acquirements to neighboring people. Among themselves the special training necessary for such pursuits must, in order to be successful, and to reach the highest possible development, be commenced at an early age. It requires for its successful cultivation a class of men possessed of either natural or acquired abilities as teachers. Success in such a calling depends, as already stated, in great part, on a sufficiently early training. Hence, in such a community schools will multiply rapidly. School houses built in poor districts may be expected to suffer from the surrounding poverty, and to be lacking in many requirements of hygiene and comfort. For exactly the same reasons, those who attend them will not have that fund of constitutional strength, that latent power of resistance necessary to neutralize the noxious influence to which their visual organs, as portions of a common whole, would be especially exposed. Hence, the sequel—choroiditis, induced, in the first instance, by deficient nourishment, and aggravated by precocious and undue application of the eyes."

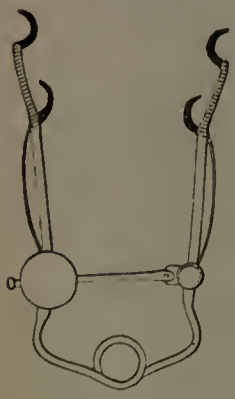
The Doctor does not, by any means, propose to apply to each particular and individual case a law which he believes holds good for a nation. He is well aware of the number of persons who, surrounded as they are by most favorable physical conditions and influences, have never unduly tried their eyes, and are, nevertheless, sufferers from myopia; for the first form of myopia described the explanation of such cases is easy. A man may, of course, congenitally, have too long an eye, antero-posteriorly, just as he may have too long a nose for perfect symmetry of face. As regards the myopia dependent on posterior staphyloma, the explanation is not less simple. A father or more remote ancestor procures ease and affluence for his descendants, at the price of an enfeebled constitution and impaired vision. Another worker, though living under bad conditions of hygiene, and taxing the eyes early and late, yet does not become myopic, for the reason that he has inherited a good constitution, or, in other words, normal powers of resistance. But should children be born to him in poverty and in want, and should they be exposed, as time goes on, to all the depressing influences of excessive work and scanty nourishment, it is morally certain that in their cases choroiditis, with its accompanying myopia, will sooner or later develop itself.

Dr. Landolt lectures with great ease, is never at a loss for words, and illustrates his difficult points by admirable drawings on the blackboard, with colored chalks. To the student he endeavors to make everything plain, so that it is fully

comprehended. He has a young and handsome face and figure, with a very bright expression and most agreeable manners and voice, and speaks English very well. He also gives full credit to all observers and workers in the field of ophthalmology, not omitting the names of Americans, such as Knapp, Green, Loring, Dyer and Thomson. He has written well on various ophthalmological subjects; a faint outline of one of them I have endeavored briefly to refer to, and would call the attention of our young physicians to his lecture on the *Enlargement of the Ophthalmoscopic Image*, and of the correct appreciation of the size of the objects observed. He has also invented a valuable instrument, the *diplometer*, which is most useful in measuring the different parts of the eye, such as the size of the pupil, the reflections from the different refracting surfaces, etc.; and written, in conjunction with "*Wecker*," a complete treatise on ophthalmology, the first volume of which we saw as issued in Paris, 1879. After his lecture and clinical demonstrations, he performed but two operations, one for a chalazion, which he removed by extracting the sac wall completely from the internal surface of the lid, and also opened an abscess of the cornea. In operating on both of these cases he employed his new speculum for holding the eyelids open; its advantage is that it can be removed by simply closing, instead of turning round, to the risk of injury of the eyes, as in the ordinary form He states, in his report of his clinics, that he avoids, as much as possible, using the ordinary eye speculum, and has even discarded it in the operation of cataract; but in some cases, when it is not possible to do without it, he has made the following modification and improvement in the ordinary speculum.

The two bars, Fig. 1, which unite the hooks intended to support the eyelids, have been discarded, as they are not only useless, but may even become dangerous. In executing movements of the speculum where it is necessary to withdraw the instrument, they may catch in the wound, especially if the operation is from above, and exert at least a dangerous pressure on the eye, which pressure is usually very painful to the patient. These two bars are replaced by two simple hooks at each branch of the instrument, sufficiently removed from one another not to press on the eye.

Fig. 1.



The distance between the two hooks is such that the two lower ones are engaged between those of the upper. Thus, in closing the instrument while it is in the eye, the hooks of the inferior branch are engaged between those of the superior branch, pass them, and raise the upper eyelid (see Fig. 2), and these last disengage in the same way from the lower eyelid, so that we can withdraw the instrument quite straight, without having to incline them. To avoid the sensitive contact of the metal, the bars are covered with hard rubber, the bars which separate these hooks serving to raise the lids.

Fig. 2.

Dr. Landolt kindly sent me the cuts of the instrument, so as to convey a correct idea of it. In his note he also states: "I can assure you that I use the speculum with the greatest advantage, and that I do not use any other. Snellen and other colleagues are equally well satisfied with it."

Histological, Physiological and other Laboratories of Paris.

By the kindness of a most cultivated lady friend, who is now devoting her time and talents to original scientific research under the able guidance of Professor L. Ranvier, I had a favorable opportunity of seeing the inner working of his and the other interesting and instructive workshops of scientific medical research. Mrs. Ernest Hart, wife of the able editor of the *British Medical Journal*, has already done herself infinite credit by a careful study, and numerous laborious investigations with various reagents and with the microscope, to determine whether or not there was an "invisible or third corpuscular element in the blood," which Dr. Norris, of Birmingham, endeavored to prove at the meeting of the British Medical Association, at Cork, 1879 (to which I was a delegate). At the time of my visit to Paris she already had some grave doubts concerning the existence of any such "colorless, invisible, biconcave discs, similar in every respect to the red corpuscles, with the exception of the absence of color," and her subsequent investigations have proven her first impressions to be correct, for she states, in the London *Medical Record*, February, 1879, "I may be permitted to say that after going, with care, through a series of observations on this subject, I am disposed to believe that the colorless corpuscles

which (without the addition of a saturated solution of common salt) are still undoubtedly seen when the blood is examined by the method of "isolation," are red corpuscles that have undergone post-mortem changes prior to taking part in the formation of the fibrin."

I find that the Histological Laboratory for Original Experimental Research, of the National School of Medicine of France, or Sorbonne, situated in Paris, will accommodate about twenty medical men, with four assistants, and two tutors or experts; these latter assist the beginners, and also do a good deal of the rough work for Prof. Ranvier; but the entire charge and general oversight is given into M. Ranvier's hands. The French Government appropriates seven thousand francs for the salary of the Professor and the keeping of instruments and apparatus in repair.

If a young man or woman makes a valuable scientific investigation which is considered by the Professor worthy of publication, all the expenses attending it are reimbursed. If, however, it is not considered worthy of publication, and contains nothing new or original, then he or she bears all the expenses of animals, reagents, etc. The young investigators are allowed a stand and tube of the microscope, but they have to purchase their lenses, object glasses, slides, etc. The demonstrations by the Professor are forty in number, and are given from December to June, and no fee is demanded.

I also visited Professor Brown-Séquard's laboratory, which is furnished with all the necessary apparatus for experimentation and vivisections, etc. Adjoining there is a room containing numerous little bins filled with living animals, such as guinea pigs, rabbits, etc. These interesting animals are kept clean and in good order, and are regularly fed by a man who has charge of them, but not being in the open air the odors, etc., are not agreeable, so near the lecture room.

We found the lecture room of Professor Marey much more interesting, as it contains so many original, valuable and ingenious instruments of precision and research. Among the many, were the following: 1. One for the study of the height and form of the curve produced by the contraction of muscles. This is termed the comparative myograph. It consists of two levers, to each of which is attached the tendo-Achilles of a frog, or the gastrocnemii, by levers or little hooks; at the other end springs are attached, which being in contact with the eccentrics are so adjusted as to cause the muscles to overcome greater or less resistance during contraction. There is a lever to elevate the levers for inscribing on the smoked cylinder, and also a screw, which regulates the pressure of the pins on the drum. A cylinder carries the smoked paper to receive the tracings. This drum is kept in revolution by means of a strong clockwork, and its motion is made rhythmical by another ingenious instrument, called Marey-Foucault's regulator, which has three axes on which the drum may be revolved with different rapidities. The frog is poisoned and the curves of the muscles are taken. The levers being directly superimposed, give the curves side by side, so that any variations in the muscle curve by a poison may be discovered.

There was also another ingenious instrument, called Marey's polygraph, to register the respiration. In the room was hung long diagrams of all kinds of tracings made by this and other instruments by this most wonderful inventive professor, and worthy of the most careful study by the medical man, as it will assist in giving him logical precision in his investigations on the various functions and the action of drugs upon animals and man.

It is somewhat remarkable that with the large sums of money spent in the United States on medical education, so little encouragement is given to original scientific inquiry, and when we look around for a place to make such investigation it cannot be found; neither the money to spend on the apparatus. Indeed, it is stated, to our disgrace, that "there is no single well-furnished physiological or pathological laboratory in the United States at which active work goes on steadily."

Hospital Reports.

PASSAVANT'S HOSPITAL, PITTSBURG.

CLINIC OF DR. R. S. SUTTON, DEC. 17, 1879.

Gentlemen—I present before you this morning Mrs. —. You will observe a petite little body, of more than ordinary courage. She is thirty-five years of age, began menstruating at twelve, has been married twice, and has borne five children; her last labor occurred eight years ago. Since that date she has been sterile, and for several years suffering from ill health. A year ago she had a hemorrhage from the chest after severe exercise. She has a cough which has existed for more than a year; she has slight expectoration; she has a slight chronic bronchitis, but no tubercle. A few months ago her husband applied to me for treatment for a urethral discharge, vowing his faithfulness to his wife. I insisted upon examining her. The examination revealed the following condition: A cervix uteri lacerated bilaterally, considerable cicatricial tis-

sue in the cleft of the laceration. The Nabothian glands were congested, swollen, bursting and discharging freely, an erosion throwing off from its surface a purulent discharge. The vaginal walls were secreting more than naturally, and the perineum was ruptured down to the sphincter ani. She had menorrhagia, dyspepsia, and considerable nervous disturbance; she had also slight cystocele. The uterus measured three and three-quarter inches deep. She has been treated with hot vaginal douches, acupuncture of the Nabothian cysts, Churchhill's tincture of iodine, and lastly, a sponge tent was introduced, to determine whether the induration in the cervix was cicatricial or cancerous tissue; she has had tonics and some special treatment for her bronchitis. But I look upon her as one of those cases where old uterine disease, after inducing profound anæmia, is likely to open wide the gates to that fell destroyer, pulmonary tuberculosis.

She has improved on treatment; has some color, less cough, fair appetite, better digestion, and is sufficiently improved locally to make it proper to now repair her lacerations. To-day we will operate for the laceration of the cervix. Some weeks ago I scraped out her uterus, with a hairpin for a curette, and the length of time between her menstrual periods has increased from fourteen to twenty-one days. The uterus is still three and a-half inches deep. She has now been etherized by Dr. Longe, and we place her in the left lateral decubitus. The nurse will hold the speculum. Fixing the cervix with the double tenaculum, I ask Dr. Purviance to steady, but not to drag upon, the uterus. Dr. Chessrown will carefully sponge away the small amount of blood that usually accompanies this procedure. Seizing the mucous covering with this small tenaculum, with these scissors of Emmet's I carefully denude the surfaces, leaving unbroken tissue for the lining of the cervical canal. We now snip out carefully all the cicatrized tissue we find. Notice, it is not very deep, but grits as I cut it away; this piece from the bottom of the laceration is V-shaped. The surfaces are now brought together, and we find that they will fit. The sutures of silver wire are now introduced; we have placed four on one side and two on the other. As the needles frequently break, as has occurred twice this morning, it is necessary that a good supply be always ready, and that in introducing one you do not break it, by too sudden a twist of the needle holder.

She will now be put to bed, the latter having been kept warm for the last half hour, with bottles of hot water. Her urine will be drawn as required by the nurse, until she can pass it over a bed pan. After this the nurse will throw into the vagina a quart of hot water, slightly carbolized, which will wash out again any urine trickling backward to the cervix and keep out any discharge which may occur.

When we meet again, one week from to-day, we will remove the stitches.

—Her Royal Highness the Princess of Wales has consented to lay the foundation stone for the new Chelsea Hospital for Women, which is about to be built in the Fulham Road.

Medical Societies.

PENNSYLVANIA STATE MEDICAL SOCIETY.

(*Concluded from page* 495.)

Third Day.

The President, Dr. Nebinger, called the meeting to order at 9 A.M.

The Permanent Secretary read a telegram from Prof. S. D. Gross, "sending his cordial greetings." On motion, it was ordered to be entered upon the minutes.

Dr. W. W. Dale offered the following amendment to the Constitution: Amend Article v, Section 5 by adding: "Which action shall be final; provided, however, that either party may appeal to the President of the State Society, who may direct the Censors of an adjoining district to hear and to determine the case, and to report their action to the Society, which shall be final.

The amendment was laid over for one year.

Dr. J. H. Packard, of Philadelphia, moved that the officers of the Society be instructed to append their signatures to the petition to the Legislature, relative to the secrecy of communications made by patients to their physicians, and that the petition so signed be returned to the joint committee on that subject raised by the medical societies of Philadelphia. Adopted.

Dr. W. B. Atkinson, Chairman of the Committee of Publication, reported as follows:—

ALTOONA, May 19th, 1880.

The Committee of Publication beg leave respectfully to report that they had printed 1450 copies of the volume of *Transactions* of this Society, for the year 1879, at an expense, including distribution, of $1333.84. The volume consists of 492 pages, and contains one map and sixteen cuts.

They have distributed:

To County Medical Societies	1274
To Medical and other Journals	43
To State Medical Societies	35
To State Boards of Health and Health Officers	43
To Library of Congress	1
To Library of American Medical Association	1
To Library of State Capitol	1
To Library of Surgeon-General's Office, Washington, D. C.	1
To Library of Sanitary Protection Association, Newport, R. I.	1
To Bureau of Meteorology, War Department	1
To Smithsonian Institute (Professor Kirkpatrick)	1
Reserved for Archives	2
Sold	3
Remaining on hand	43
	1450

It will therefore be noticed that the number of copies required by county societies was larger than the number thus required in the year previous, by seventy-five.

Your Committee have also furnished one copy of the *Transactions* of the year 1878 to Dr. J.

W. Dupré, President of the Medical Society of the State of Louisiana, and one copy of the same year to the Convention for the Revision of the United States Pharmacopœia.

All of which is respectfully submitted.

Wm. B. Atkinson, *Chairman.*
Benjamin Lee,
William Goodell,
O. H. Allis,
J. G. Stetler,
James Tyson,
I. N. Kerlin.

On motion, the report was received, and ordered to be entered on the minutes.

On motion of Dr. Benjamin Lee, it was

Resolved, That 1500 copies of the Constitution and By-Laws and Code of Ethics be printed and covered in a style corresponding to that of the *Transactions*, for distribution to the county medical societies, as called for by their respective Secretaries, and that no further copies of these documents be printed until so ordered by this Society.

Dr. Benjamin Lee, of Philadelphia, then read the Address in Hygiene.

The speaker took for his text the action of the House of Representatives of the United States, in appointing an Inspector of Plumbing for the District of Columbia. Instances were cited of defective plumbing and drainage, occurring in expensive houses in the most desirable portions of the City of Philadelphia, which had been pronounced by ordinary plumbers to be perfectly protected from sewer gas. In two of these cases fatal results followed, one of the victims being the distinguished young orator, Henry Armitt Brown. The deduction was, that not only Philadelphia, but every city or town which has a sewage system, should also have an Inspector of Plumbing and Drainage. The Society adopted a resolution to the effect that the Legislature be memorialized upon the subject, and a committee was appointed for the purpose, consisting of Drs. Lee and Woodbury, of Philadelphia, and Dale, of Cumberland.

Resolved, That it is the sense of this Society that it is expedient that every city or town provided with a system of sewerage should have provision made for the inspection of the plumbing and drainage of all houses and buildings having connections with its sewers, and, therefore,

Resolved, That a committee be appointed to memorialize the Legislature of this Commonwealth, with a view to procuring the passage of an enactment providing for the appointment of an Inspector of Plumbing and Drainage in all such towns and cities, and that the following bill be respectfully suggested to the Legislature as an appropriate form for such enactment.

On motion of Dr. J. L. Atlee, of Lancaster, the draft of a law was amended, to include a penalty for its infraction.

On motion of Dr. S. T. Davis, of Lancaster, a committee was appointed, in accordance with the resolution, and the Address was referred to the Committee of Publication.

Dr. E. H. Coover, of Harrisburg, read a paper on "The Construction and Advantage of a New Mechanical Appliance for the Treatment of Diseases of the Spine." It advocated extension, as usual in such cases, and the employment of a jacket made by coating muslin with the silicate of soda.

This paper was ably discussed, and Dr. C. T. Hunter, of Philadelphia, exhibited a jacket made of leather.

The paper was referred to the Committee of Publication.

By request of Dr. Allis, he was permitted to withdraw his paper on "Deformities After Fracture Near Joints," and offer it another year. He made some remarks on the subject, and exhibited casts of deformities.

Dr. B. Lee offered a report on "The Abuse of Medical Charities," as referred by the Philadelphia County Medical Society to this body. On motion it was received and ordered to be printed with the Transactions.

Dr. S. M. Ross, of Altoona, made some remarks on "Conservative Surgery," and exhibited a number of cases illustrating his success in this effort.

After some discussion of the cases, on motion, he was requested to prepare his remarks for publication.

Dr. D. M. Barr, of Philadelphia, read a paper on "Anæsthesia in Labor," and exhibited a new form of inhaler.

On motion, as there was no time for its full discussion, the paper was referred to the next session of the Society.

Dr. C. A. Rahter, of Harrisburg, offered the following amendment to the Constitution, which was laid over till next session.

Amend Article IV, Section 1: After the word Treasurer add "Judicial Council."

Also,

By-Laws, Article I, substitute for Section 10: "A Council, consisting of nine members, shall be elected, whose duty it shall be to take cognizance of and decide all questions of an ethical or judicial character that may arise in connection with the Society. Of the nine members of the Council first elected, the three first named on the list shall hold office one year, and the second three named shall hold office for two years. With these exceptions the term of office of members of the Council shall be three years, three being elected annually.

The said Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council, on all matters referred to it by the Society, shall be final, and shall be reported to the Society at the earliest practicable moment. All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once, after the report of the Committee of Arrangements, or other presentation, to the Judicial Council, and without discussion.

On motion of Dr. Ulrich, Dr. Lee was permitted to read a paper, "Alkaloids of Cinchona," after Dr. Roberts' paper.

The President announced the following appointments: To make the address in Medicine, J. S. Cohen, of Philadelphia; address in Surgery, S. M. Ross, Altoona; address in Obstetrics, S. T. Davis, Lancaster; address in Hygiene, B.

Lee, Philadelphia; address in Mental Disorders, S. S. Schultz, Danville.

Committee on Hygienic Legislation, Dr. Benj. Lee, Chairman, Philadelphia; Dr. W. W. Dale, Carlisle; Dr. Frank Woodbury, Philadelphia.

Dr. J. B. Roberts, of Philadelphia, then read a paper on "Bromide of Ethyl as an Anæsthetic in Practical Surgery." This paper discussed the history of the introduction of the anæsthetic, the physiological effects of its administration, the manner of producing anæsthesia, the condition of the patient during the period of insensibility, and the objections that have been urged against its use. It also compared the effects of ethyl bromide with those of ether. Nothing new was presented except the use of bromide of ethyl in a case of angina pectoris of great severity, where ether excited the patient to vigorous struggles, and where morphia, hypodermically, had not had time to quiet the pain. The death in Dr. Sim's case was attributed to impurities in the bromide of ethyl used; for Wolff, of Philadelphia, has discovered a dark-brownish liquid in some specimens, which produces intestinal irritation in rabbits, when administered by the mouth, and would probably do the same if inhaled. Care was advised in using the agent, as it, in common with other anæsthetics, will produce death. After some discussion, it was referred to the Committee of Publication.

On motion of Dr. Allis, it was

Resolved, That a committee of three be appointed by the Chair, whose duty it shall be to present at the next annual meeting of this Society rules of order for the regulation of the proceedings of the stated meetings of this Society. Said "Rules of Order" to be printed annually, upon the programme of the State Medical Society.

The President appointed as this Committee, Dr. Allis, Chairman; W. B. Ulrich, of Chester; W. B. Atkinson, J. H. Packard and Frank Woodbury, of Philadelphia.

Bills to the amount of $79.77 were presented by the Committee of Arrangements, and ordered paid.

On motion of Dr. A. M. Miller, of Paradise, it was

Resolved, That the thanks of the Society be returned to the Committee of Arrangements, and to the Blair County Medical Society, for the able manner in which they have cared for the wants of the Society, and contributed to the success of the meeting; to the officers of the Society for their faithful labors in the performance of their duties, and to the various railroad companies for courtesies extended in reducing the fares to this meeting.

Resolved, That a special vote of thanks be extended to the officers of the Pennsylvania Railroad, for their courtesy to the Society, and especially to General Superintendent Pugh, for his kindness in furnishing accommodations to the members of this body in the very interesting and delightful excursions with which they have been favored.

Dr. B. Lee read his paper on "Alkaloids of Cinchona."

It was a concise argument in favor of the use of the inferior (as they have been erroneously called) alkaloids of Peruvian bark, based upon two grounds—first, their cheapness as compared with quinia; secondly, the fact that bark itself will often produce beneficial results which we cannot get from the last-named alkaloid. It called attention to a large number of alkaloids which have now been separated, and suggested the strong probability that these contained virtues quite as essential as those of quinia. Among the various preparations offered the profession by manufacturing chemists, in order to supply these alkaloids in their most reliable and active form, one was especially mentioned with approval, under the name of quin-quinia, which contains, in addition to fifteen per cent. of quinia, the other active principles in their natural combination, not separated and then recombined. This fact, Dr. Lee considered, afforded reason to believe that the virtues of the bark itself were more likely to be completely represented. In his hands it has proved very efficacious and prompt as a tonic, and others had found it equally satisfactory in intermittent affections. The article comes from the laboratory of Charles S. White & Co., one of the three quinine manufacturers of the United States.

It was referred to the Committee of Publication.

Dr. J. T. Carpenter, of Pottsville, offered the following, which was laid over till next year:—

Amendment to the Constitution, Article III, Section 2. The delegates shall receive their appointments from the county societies, and from the College of Physicians, of Philadelphia.

Dr. W. H. Parrish, of Philadelphia, read a paper on "Puerperal Septicæmia."

The term "puerperal septicæmia" is to be preferred to "puerperal fever," mainly because it indicates the origin and nature of the disease.

Experimentation on the lower animals has established the identity of septicæmia thus produced and the condition of the woman poisoned because of absorption of decomposed placenta, etc. From a patient thus ill other patients may be infected by transference of the poison, and thus may be established the so-called "puerperal fever."

The differences in the symptoms of the endemic disease and the disease due to internal infection depend upon the difference in the activity of the poison, and in the manner of its entrance into the system. In retained placenta there is a gradual and continuous absorption of a poison as yet comparatively feeble in its activity; hence, the symptoms are insidious, though progressive, and death is longer delayed.

In endemics the poison has attained its highest activity, and enters the system at the time of confinement; hence, the symptoms appear early and abruptly, and death may quickly occur. Experimentation has shown that a septic poison increases rapidly in its malignancy in being transferred successively from the genitals of one septicæmic animal to those of another. A puerperal woman presents conditions which find no analogous ones in a surgical patient. Her great susceptibility to different diseases, her functional disturbances, etc., are peculiar. The interior of the uterus is not properly comparable with a flap of an amputation. Experiment shows that sep-

tic fluid injected into the genitals after labor produces septicæmia and death, yet another specimen of the same fluid may be poured over the surface of a flap with negative results.

Yet, septicæmia under the form of erysipelas follows the surgeon, as septicæmia under the form of puerperal fever follows the obstetrician.

The poison of erysipelas and that of puerperal septicæmia are probably one, that is, septic; a septic fluid applied to a cutaneous wound causes erysipelas; the same fluid injected into the genitals causes puerperal septicæmia. The two diseases will mutually communicate each other.

Diphtheria is doubtless closely allied to erysipelas and to septicæmia; bacteria are abundant in all three. Diphtheria and puerperal septicæmia are less closely related to each other than are the latter disease and erysipelas to each other.

The poison of scarlatina may remain latent in the system of a pregnant woman for weeks and months, and produce scarlatina two or three days after labor. The disease may then progress without pelvic lesion, and present the usual evidences of scarlatina, or the local and systemic conditions may be indistinguishable from those of malignant septicæmia.

Malarial fever renders a patient more liable to septic poisoning. Probably both the scarlatina and the malarial poison may establish degenerative inflammation in slight wounds of the pelvic tissues, and thus lead to septic poisoning. This probably accounts for the greater frequency of "puerperal fever" in the Southern and more malarial States.

In severe pelvic traumatic inflammation, septic decomposition is expedited, and often absorption itself facilitated.

Prophylaxis must ward off for the woman all septic poison, and guard her against those conditions which increase her susceptibility to the poison. Hands and instruments should be washed in a solution of carbolic acid. Preventive measures are exceedingly numerous, but none too small to warrant observance. Hot vaginal syringing after labor is rational and advantageous. It is reprehensible to leave a portion of the placenta in utero for days. Intra-uterine injection of hot water is safe and reliable in the checking of flooding, if it becomes necessary to use any intra-uterine remedy for this purpose.

The treatment of puerperal septicæmia should not be routine, but a general distinction should be drawn between cases of internal and cases of external infection. The difference between the management of these two classes consists mainly in the indications for abstraction of blood and for intra-uterine syringing.

In cases of internal infection the abstraction of blood must not be resorted to, chiefly because such a means would expedite absorption of the poison from the putrid material existing in the pelvis, and also because the incipiency of the disease in such cases often escapes observation. In such cases the cavity of the uterus demands cleansing, possibly by the introduction of the hand, certainly by intra-uterine disinfectant syringing.

In endemic cases which are also cases of external infection I have found decided benefit from abstraction of 16 to 20 ounces of blood, by leeches, applied, in the very *incipiency*, over the lower abdomen. The removal of blood does good, not by eliminating the poison, but by relieving the pelvic engorgement. In both external and in internal infection, quinia, stimulants, sufficient nutrition, opium, a diuretic, warm poulticing, are the remedies to be used, according to the special indications of each individual case.

Dr. Ziegler, of Lancaster, in discussion, related his own case of poisoning of his arms by liquor amnii.

The paper and remarks were referred to the Committee of Publication.

Dr. S. T. Davis, of Lancaster, read, by title, a paper on "Large Submucous Fibroid of the Uterus."

It was referred to the Committee of Publication.

Dr. B. Lee made some remarks on the "Axial Line of the Foot." He proceeded to illustrate, by means of two mammoth wooden diagrams, and by tracings of the soles of patients and others, some more or less normal, others badly deformed, the fact that the foot is not, as usually imagined, even by physicians, straight; the median line of the sole describing, on the contrary, a very marked curve. The ordinary shoe he denounced as an orthopœdic instrument designed to straighten this curve. The straight foot is the ideal of the French boot maker. The curved foot is the ideal of the anatomist, and therefore, reverently be it said, the ideal of the Creator. The speaker had worn shoes made upon the principle he defended (which was first suggested by Prof. Herman Meyer, of the University of Zurich) for more than twenty years, and could bear personal testimony to their comfort. With the use of this method, which is now being followed by several shoemakers in Philadelphia, as well as by the manufacturers of the ready-made "Waukenphast" shoe, corns, bunions, and ingrowing toe-nails would cease from off the face of the earth.

On motion he was requested to prepare his remarks for publication.

Drs. Allis and Smith were appointed to escort the officers elect to their posts.

Vice President Dr. Ulrich then introduced the President elect, Dr. J. T. Carpenter, who took his seat, after a few remarks thanking the Society for the honor done him.

After which the Society adjourned to meet at Lancaster, on the 2d Wednesday of May, 1881, at 9 A.M.

Encephalocele.

The *Medical Times and Gazette* states that at the meeting of the Obstetrical Society of London, held May 5th, 1880, Dr. Godson showed photographs and a cast of the head of an infant, the subject of a large encephalocele. Nearly half of the brain was contained in a sac outside the cranium, a very narrow peduncle, passing through the anterior fontanelle, connecting it with the portion within the skull. The head with the tumor resembled an hour glass. The child lived a month and had never cried. She had no convulsions till just before death.

Editorial Department.

Periscope.

Salicylic Acid in Yellow Fever.

Dr. J. Walls White, of Glasgow, writes, in the Glasgow *Medical Journal* for May, 1880, that, being anxious to try the prophylactic powers of salicylic acid in this disease, he furnished an intelligent ship master who was bound for Rio Janeiro with a quantity of the drug, and instructed him that if yellow fever was prevalent when he got there, he was to take himself and give to his crew, in their lime juice, five grains of salicylic acid once daily, or oftener if required.

The ship reached her destination in due course, and had been in port for three weeks when the fever broke out (about its usual time in these parts), during the months of August and September of last year, 1879. In less than a week there was scarcely a ship out of a fleet of about 150 vessels but had three and four men laid up, dead or in hospital; all the government ships that could get away had cleared out. Three of his own men were reported sick and off duty, complaining of lassitude, dull headache, pains in the limbs, loss of appetite, great thirst, hot skin and high fever. Such are the first symptoms of this fever, and these are quickly followed by nausea, vomiting and great tenderness in the epigastric region, with complete prostration. Yellowness of the skin and black vomit are the later symptoms.

He at once put his patients under treatment, which consisted of giving to each what he called a double dose of salicylic acid, namely, ten grains, mixed in lime juice, and in four hours after they were quite relieved and fit for duty. The whole ship's company were then put upon it. The usual day's allowance of lime juice was mixed with salicylic acid, in the proportion of three to five grains to each man, and this mixture was served out every morning about 6 A.M., after they had partaken of their coffee and before commencing work. This was continued for about two weeks, with the most satisfactory results; but this daily consumption reducing the stock of acid too rapidly, he determined to stop it, and reserve what remained in case of an emergency. In two days thereafter the old symptoms returned, one complaining and then another, and the whole crew came aft and demanded to have their lime juice again. Sailors have no right to lime juice when in port, and are often very indifferent to taking it when at sea, and in this case the salicylic acid improved neither its taste nor appearance, but they had all felt the benefit, and were ever ready for their morning's dose.

After being in port for over seven weeks, with yellow fever all around him and the hospital ashore full of it, he had not had one fever patient, or lost a day's work of any of his men. Three days before he was ready to sail his stock of acid became exhausted; and so afraid was he to let it be known that he substituted quinine in its place, and had to explain away the difference in the taste by telling them that it was not so strong as usual. He completed loading of the ship with all speed and hastened to depart, for salicylic acid was not known there, and therefore not to be got.

Such a test as this, so satisfactory to those experimented on, and conducted without prejudice and yet with precision, tells its own tale.

If salicylic acid, then, possesses the power of destroying the organic germs that generate yellow fever, may it not be equally efficacious in the other malarial fevers wherein quinine has been used with such lavish freedom, and often with but indifferent results; and may it not, if used in time, prove of value as a preventive of cholera, that owes its origin to a similar cause, as also in the epidemic fevers that from time to time visit us here.

Digestive Fluids.

Dr. G. M. Garland, in an article on "Recent Progress in Physiology," published in the *Boston Medical and Surgical Journal*, May 6, 1880, says that the researches of Richet (*Journal de l'Anatomie et de la Physiologie*, March and April, 1878) have thrown some additional light upon the vexed question of the cause of activity in the gastric juice. The method employed depended upon the observation of Berthelot, that when an acid solution is shaken up with an equal volume of ether, the free acid, if organic, is distributed between the two fluids, but if mineral, remains almost entirely in the water. The number which expresses the proportion in which the acid is divided betwen the two fluids is called by Berthelot the "coefficient of distribution," and is constant for each acid. Pure gastric juice, when tested in this way, was found to have a coefficient of distribution very different from that of hydrochloric acid; but by combining hydrochloric acid with various organic substances found in the stomach itself, Richet succeeded in producing a compound which resembled the gastric juice, not only in its coefficient of distribution, but in its action upon cane sugar, starch, etc. Richet, therefore, considers that in pure gastric juice the hydrochloric acid is united with organic substances, particularly with leucine, which somewhat modify its action as a mineral acid. The products of digestion obtained from albuminoid materials by the use of this combination of acid and leucine seem to be much more diffusible than those obtained by pure hydrochloric acid. During the progress of digestion the hydrochloric acid of the pure gastric juice is to a certain extent replaced by phosphoric and lactic acids, derived from the food, and separated from their combinations there by the stronger mineral acid with which they are brought in contact. There is also, in certain cases, an acid fermentation in the contents of the stomach, resulting in the production of an additional amount of acid. The *mixed gastric juice* as found in the stomach after several hours' digestion is, there-

fore, a very different fluid from the *pure gastric juice*, as originally secreted.

These experiments of Richet have been repeated and confirmed by a recent French writer.

This observer has also investigated the action of the pancreatic juice upon the various classes of nutriments in the presence of the gastric juice. The pancreatic juice is found to be a very delicate reagent for determining whether the gastric juice thus used is "pure" or "mixed;" that is, whether its acidity is due to hydrochloric acid alone, or to other acids (phosphoric, tartaric, lactic, etc.), set free from the food by the stronger mineral acid, or produced by fermentation. In the former case pancreatine is found to be without action upon starch, and to digest only five times its weight of albumen; whereas, in the latter case it converts seven times its weight of starch into sugar and changes thirty-eight times its weight of albumen into peptones.

Febrile Herpes of the Cornea.

Dr. Godo, in *Recueil d'Ophthalmologie*, April, 1880, considers that four distinct periods can be shown to exist in the evolution of the acute form of herpes, viz., 1. The period of invasion, characterized by pyrexia and general symptoms. 2. The eruptive period, marked by the apparition of a more or less copious crop of vesicles, 3. The period of suppuration, in which the limpid contents of the vesicles become seropurulent. 4. A period of desquamation and ulceration, the vesico-pustules bursting, and leaving small and superficial ulcerations. These stages in the progress of the affection he illustrates by some cases which he has met with in practice, and which he considers establish sufficiently the intimate connection existing between febrile herpes in general, and febrile herpes of the cornea in particular. According to the author, the latter affection is a direct derivative of the former, or rather a particular and merely localized manifestation of it. Herpes of the cornea may also be symptomatic of other morbid conditions, such as pneumonia; in which case, it may occur either simply or together with herpes labialis and nasalis. Herpes of the cornea is often also correlated with the appearance of the menstrual nisus; in one case cited the patient had had a herpetic eruption on the eyelids, together with all the subjective symptoms of the affection, at each monthly period for the last two years. Dr. Godo has also seen corneal herpes appear upon the sudden cessation of lactation, and has, further, seen cases, of which three are given in full, in which it appeared coincidently with the advent of intermittent fever. According to Verneuil, there is a herpes of traumatic origin, and of this Dr. Godo cites a peculiarly typical example. The case was that of a carpenter, who, after amputation of one of his limbs, suffered, about the seventh week after the operation, from a very severe attack of corneal herpes, accompanied by the usual constitutional disturbance. Two months later an abscess appeared in the groin of the amputated leg, and again the same constitutional phenomena supervened, and were followed by herpes. Subsequently, a second abscess appeared at the seat of the former one, and was in turn followed by identical symptoms and consequences. This triple manifestation can scarcely be considered purely accidental; it must be interpreted as a case of traumatic herpes *à distance*. This form, whenever met with, will always be consecutive to a train of general symptoms and phenomena very similar to those of febrile herpes.

The Origin of Tetanus.

The *Brain*, for January, 1880, contains an article by Surgeon Major J. J. L. Ratton, in which he enunciates the proposition that tetanus is a single disease; that it begins in persistent peripheral nerve irritation, and ends in organic molecular and functional disturbance of the medulla. The peripheral nerve irritation may or may not be traumatic, but is invariably the cause of the disease; so that the term idiopathic tetanus should be disused. The above conclusion is arrived at after exhaustive arguments have been adduced in proof of the five following points: 1. Peripheral nerve irritation is a cause of tetanus. 2. Peripheral nerve irritation is present in all cases of the disease. 3. It produces eventually the group of symptoms known as tetanus. 4. It explains the facts of the morbid anatomy of the disease. 5. It guides the treatment of the disease, and is proved by its success. The great bulk of cases of so-called idiopathic tetanus are either puerperal, menstrual, or the result of worms. That case of idiopathic tetanus in which peripheral nerve irritation could be excluded as the cause must be absolutely free from disease; the author cannot imagine that such a case ever existed. His view of the pathology of tetanus is that in the first stage of the disease (that of continued nerve irritation reacting upon the medulla and originating tonic spasms), up to a certain point there is no morbid change in the cord, and consequently there would be no evidence of disease. At this period division of the afferent nerve, by cutting off the source of irritation, arrests the symptoms. Afterward, continued irritation, exciting the reflex function to an inordinate degree, causes hyperæmia with molecular changes, and frequently inflammation. Here there may or may not be visible changes, but these will be hidden by molecular changes. Pathological facts fit in exactly with these views. Sometimes no changes are found, sometimes microscopical changes, and sometimes evidences of inflammation of the medulla and upper part of the cord. The treatment by amputation, or section of the afferent nerve, is only efficient up to a certain point; when molecular changes have taken place in the medulla, it is useless. Division of the nerve in the second stage may help, but does not cure the disease. Something more is wanted—some powerful wrench to the nervous system that will alter the morbid molecular arrangement of the parts, or act as a revulsive or counter-irritant. Stretching a large nerve trunk (*e.g.*, the sciatic), and making traction on the cord, have been tried and followed by marked success. The drugs used, and which have justified their use in this disease, are just those which

are known to diminish the reflex irritability of the cord. The ice bag to the spine, leeches, blisters and plasters, to the same, all testify to the universal opinion acted upon, if not avowed, that tetanus is a disturbance disease of the reflex function of the cord.

Portal Thrombosis.

Roberts Bartholow, M. D., of Philadelphia, writes, in the New York *Medical Journal*, for April, 1880—

Thrombosis of the portal vein is a result of various obstructive conditions, as cirrhosis, chronic atrophy, cancer, and tumors. The symptoms due to the thrombosis are those of obstruction to the portal circulation, and occur rather abruptly in the course of the chronic malady associated with it. The pressure in the initial radicles of the portal vein is suddenly increased, and free transudation of blood occurs along the intestinal mucous membrane, hemorrhoids form, and a watery diarrhœa takes place. The spleen enlarges, and ascites develop with great rapidity. Efforts toward a compensatory circulation are made by the communicating veins, which suddenly appear enlarged on the surface of the abdomen. The urine becomes scanty and of high specific gravity. The patient presents a very decided cachexia, the strength rapidly fails, and death occurs in a few days or weeks. The obstruction by the thrombus is not always complete, so that an imperfect circulation is maintained. In that case the symptoms will be less formidable and the progress less rapid.

The only remedy which offers any prospect of relief is ammonia, which has the power to dissolve coagula. Unfortunately, the stasis in the portal system so hinders absorption that remedies do not readily enter the blood. As Halfourd, of Australia, has demonstrated the innocuousness of the intravenous injection of ammonia, this expedient should be practiced in such cases. It consists in the injection of one part of aqua ammoniæ to two parts of water into any convenient vein. If, however, there be any movement of blood in the portal, the ammonia should be administered in the form of the carbonate—five grains every three hours. The usual remedies for ascites will be necessary.

Case of Strangulated Femoral Hernia, Maskod by a Mass of Enlarged Glands.

The following case, under the care of Mr. A. P. Boon, of Cunningham Hospital, St Kitt's West Indies, was reported in the London *Lancet*, for June, 1880:—

A. D., a negro, aged twenty-eight years, an agricultural laborer, complained of pain in the abdomen and vomiting, and stated that he had not had a stool for six days. On examination the abdomen was rather distended, and there was general, but not great, tenderness. No hernia could be seen, but on the right side, below Poupart's ligament, a mass of enlarged glands was visible. This, the man said, had existed for some years. The glands were quite movable, and not tender or painful. The pulse was 80, temperature normal, tongue clean.

The treatment, which included various purgatives, enemata, opium, and belladonna in large doses, was of no avail in overcoming the intestinal obstruction. The case progressed slowly. On the eighth day the vomiting was stercoraceous. Soon after this the pain in the abdomen subsided, the pulse rose to 100, the tongue became foul, the countenance was haggard and anxious, and there were cold, clammy perspirations. All this time he had passed neither fæces nor flatus. On the fourteenth day the condition of the patient was apparently hopeless.

In consultation with the late Mr. Boon, it was decided to cut down on the enlarged glands, draw them aside, and see whether there was a hernia under them. This was accordingly done, not with very strong hope of benefiting the patient, but rather to give him a chance. It was not until the glands were drawn aside that a small femoral hernia was discovered, as large as the top of the thumb. The sac was opened, and contained a knuckle of intestine, the condition of which was not nearly as bad as might have been expected. There was some difficulty in dividing the stricture, but when this was done the hernia was reduced, and the case treated in the ordinary manner.

The patient passed a large motion a few hours afterward, and recovered without a bad symptom.

Remarks.—This case is interesting on account of the hernial tumor being so small as to be completely hidden under the mass of enlarged glands, and the long period (fourteen days) during which there was complete intestinal obstruction; notwithstanding which, the intestine was in a fairly healthy state.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We acknowledge the receipt of the second edition of Dr. J. W. Young's "Malaria and Its Effects," published by Page, Taylor & Co., Fort Wayne, Ind. Price 50 cents.

——"Relations of Communities and States during Epidemics," is the subject of an able address by the Hon. James B. Eustis, delivered at the Commencement of the Medical Department of the University of Louisiana, March 19th, 1880.

——A reprint from the *Archives of Ophthalmology*, March, 1880, contains a paper by Dr. Charles Stedman Bull, Surgeon and Pathologist to the New York Eye and Ear Infirmary, on the "Removal of Foreign Bodies from the Eye," with four cases.

——Dr. V. P. Gibney, of the Hospital for the Ruptured and Crippled, New York, sends us, in the form of a reprint from the *American Journal of Obstetrics and Diseases of Women and Children*, Vol. XIII, No. 2, April, 1880, a paper which was read at the New York State Medical Society,

Feb. 3d, 1880, on "Caries of the Ankle in Children," with the results of expectant treatment, from the study of thirty cases.

——"The Abuses of Medical Charities," by M. P. Hatfield, A.M., M.D., Professor of Chemistry, Chicago Medical College, and Roswell Park, A.M., M.D., Demonstrator of Anatomy, Chicago Medical College, a paper read before the Chicago Medical Society, February 2d, 1880, to which is appended the report of a committee appointed by the Society, has been sent us, in the form of a reprint from the Chicago *Medical Gazette*, March 5th, 1880.

——A pamphlet entitled "Measles Not a Trivial Disease," being a report on the present epidemic in Brooklyn and its treatment by the Board of Health, by J. H. Raymond, M.D., Sanitary Superintendent, has just been received, in form of a reprint from the Proceedings of the Medical Society of King's, Brooklyn, N. Y., for May, 1880, and also, "Progress in the Management of Contagious Diseases by the Brooklyn Board of Health," by the same author.

——Among the contents of the *Atlantic Monthly* for June, we notice the continuation of "The Stillwater Tragedy," by Thomas Baily Aldrich; "The Lost Gods" (poem), by Frances L. Gardner; "The Unlearned Professions," by Edward Atkinson; "Records of W. M. Hunt," by Henry C. Angell; "Hills of Asham" (poem), by Jean Scofield; a very suggestive letter from "An Old War Horse to a Young Politician;" "Future of Precious Metal Mining in the United States," by N. S. Shaler; "Presage" (poem), by Charlotte Fiske Bates; "The Bible in the Nursery," by Mrs. Edward Ashley Walker;" "Maiden Hair" (poem), by Edgar Fawcett, and various other articles.

BOOK NOTICES.

"Taubstummheit und Taubstummen-Bildung, nach den Vorhandenen quellen, so wie nach eigenen Beobachtungen und Erfahrungen," bearbeitet von Dr. Arthur Hartmann. Ohrenarzt in Berlin. Enke, Stuttgart, 1880.

Deaf-Mutism and Deaf-Mute Education, according to the Existing Methods, Coupled with Appropriate Observations and Experiments.

Preface and Literature.—Chapter I. Deaf-Mutism in General. II. Peculiarities of the Deaf and Dumb. III. Deaf-Mutism and its Relation to Idiocy and Aphasia. IV. Deaf and Dumb Statistics. V. The Value of Deaf and Dumb Statistics. VI. The Result of Special Statistics with Reference to Congenital Deafness. VII. The Result of Special Statistics with Reference to Acquired Deafness. VIII. The Hearing Power of the Deaf and Dumb. IX. Constant Anatomical Changes in Deaf Mutes. X. The Cure of Deaf-Mutism. XI. Natural and Artificial Pantomime (sign language). XII. The Education of the Deaf Mute at Home and at School. XIII. The History of the Education of Deaf Mutes. XIV. The Education of Deaf Mutes. XV. What has been Done (Established, Gained)? XVI. The Deaf Mute after Leaving School. XVII. The Present Condition of the System of Educating Deaf Mutes. XVIII. The Exact Proportion of Deaf Mutes. XIX. Deaf-Mutism and Blindness. So also, nineteen tables of statistics of all parts of the world, *i.e.*, Europe, out of Europe, especially in Germany, Prussia, Ireland, etc. The cause of deaf-mutism, the age of deaf mutes, direct and indirect anatomical changes, congenital relations, the causes of deaf-mutism, the hearing power, post-mortem, that is, pathological, changes, past and present condition of deaf and dumb institutions, etc.

The book contains 212 pages, unusually distinctly printed, with double leadings. It treats the subject exhaustively, leaving no department untouched, nor omitting any facts worth knowing upon the subject. This book should be in the library of every institution for the instruction of the deaf and dumb, as well as every medical institution, in this country, and no one in any way connected with, or interested in, the teaching or treating of deaf mutes can omit reading this valuable work, from which much information and many practical hints can be obtained.

A Practical Treatise on Sea Sickness: Its Symptoms, Nature and Treatment. By George M. Beard, A.M., M.D. New York, E. B. Treat, No. 757 Broadway, 1880. Cloth, 12mo, pp. 74. Price 50 cents.

The philosophy advocated in this work is, that sea sickness is a functional disease of the central nervous system, a form of neurasthenia, produced by constantly repeated mild concussions of the brain, and consequently to be treated by remedies exerting a sedative influence over the nervous system. A description of the symptoms and sequellæ of sea sickness is given, and a plan proposed which is not only in harmony with the philosophy advanced, but which has, by repeated tests, been found to yield the most satisfactory results. The best treatment of sea sickness, the author says, is to prevent it, and the best way to prevent it is to take large doses of bromide of sodium, from thirty to ninety grains, three times

daily, for three or four days before starting, and keeping this up while at sea until there is well grounded reason to believe that all danger is over. Among the remedies recommended, if the treatment with the bromide has been neglected, are citrate of caffeine, atropia, and hydrate of chloral. The author takes the position that sea sickness, like any other form of disease, is an evil to be avoided, and that with the proper precautions it can, in the majority of cases, be prevented or greatly relieved. Dr. Beard is well known as an authority upon diseases of the nervous system, and we do not hesitate to recommend this little book to all who may be interested in the subject of which it treats.

Lessons in Gynecology. By William Goodell, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. Second Edition. With 92 illustrations. Philadelphia, Pa. D. G. Brinton, 115 South Seventh street. 1880. 8vo, pp. 454. Price, leather, $4.50; cloth, $4.00.

The first edition of this most excellent work having been exhausted in less than six months, and a new edition having been called for, the author has availed himself of the opportunity thus afforded him, to make such alterations and additions as he deemed necessary. Not only has each lesson been carefully revised, but very generally enlarged by fresh matter, and four new lessons, together with twelve new illustrations, have been added, thus increasing the volume by seventy-four pages. Having thoroughly reviewed the first edition in our issue of August 9th, 1879, we will now take up for examination the new lessons that have been interposed, viz.: *The second, seventh, eleventh, and twenty-fifth.* The second lesson treats of the different modes of examination, the author giving minute instructions how to make digital examinations by the vagina and by the rectum, examination by the bladder, examination by the uterine sound, and also how to use the speculum. In the seventh lesson some of the affections of the vulva and of the surrounding parts are briefly considered; this lesson embraces prurítus vulvæ, coxygodynia, hernia of the labium majus, encysted hydrocele of the round ligament, pudendal hemorrhage, pudendal hematocele, and hemorrhage from the hymen. The subject of the eleventh chapter is the local and constitutional treatment of chronic metritis and endometritis; here, as elsewhere, minute directions are laid down, and numerous formulæ are also given in connection with constitutional treatment. The twenty-fifth lesson treats of ovaritis and prolapse of the ovaries, for severe and intractable cases of which he recommends the removal of the ovaries, an operation which he assures us will in no way unsex a woman, but "merely bring on, more abruptly than nature does, that change of life which every woman longs to reach, and which, while taking away all hopes of future offspring, makes her no less a mother or a wife."

The three last lessons of this work are devoted especially to the prevention of uterine disorders, and treat of subjects with which every wife and mother should be familiar. Thus in the thirty-first lesson special hints on puerperal convalescence are given, and numerous errors in fashion, in the occupations of women, and in their education, are pointed out. The thirty-second lesson is on a most important subject, viz: "The Relation which Faulty Closet Accommodations Bear to the Diseases of Women;" while in the thirty-third lesson the author takes up, and discusses in a thorough and straightforward manner, "The Sexual Relations as Causes of Uterine Disorders," pointing out and illustrating by cases, the evil effects of conjugal onanism, and kindred sins. A reprint of these three lessons would form an excellent tract on female hygiene, which every woman should read.

The favor with which this book has been received by the profession on both sides of the Atlantic is sufficient guaranty of its excellence, and while we know of no treatise on gynecology which is better suited to the wants of the student and the general practitioner, it may be consulted with advantage even by the specialist.

The Management of Children in Sickness and Health. A Book for Mothers. By Amie M. Hale, M.D. Philadelphia, Presley Blakiston, No. 1012 Walnut street. 1880. Cloth, small 8vo, pp. 110. Price 50 cents.

This neat little book should be added to the library of every young lady on the day of her marriage, for there can be no doubt but that the fearful mortality among children, especially in our large cities, is chiefly caused by ignorance on the part of mothers with regard to the proper management of their little ones, and the manner in which such diseases may be warded off. The work is divided into thirteen chapters, the first seven being devoted to the care and management of children in health, the remaining six treating of such diseases and accidents as commonly occur during childhood, and which either are not of sufficient importance to call in a physician, or such as require prompt and immediate attention. Under no circumstances is the book intended to supersede the physician's instructions.

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PHILADELPHIA, PA.

THE AMERICAN MEDICAL ASSOCIATION.

The thirty-first annual meeting of the American Medical Association has been held, according to announcement, and a full report of the proceedings is furnished in this issue. After the excitement is over and the smoke has lifted from the field, it is eminently proper to sum up the results and count the cost; a few reflections upon the lessons of this very large gathering, therefore, will not be out of place nor altogether inappropriate.

At the outset, the observer must be impressed with one most salient and important fact, in comparing this meeting with its predecessors. Although an exceptionally large attendance of delegates and members by invitation thronged the hall and crowded the general sessions, yet the best of good feeling prevailed. If any jealousy or petty spite rankled in the bosom of any of the members, it was so foreign to the temper of the meeting that it was kept hidden, from very shame. How strong is the contrast between the present and the early meetings of the Association, in this respect, let any of the older members declare. The improved tone of these meetings, the advance of the Association in dignity and harmony, bespeaks a much better feeling in the ranks of our profession than existed a quarter of a century ago; for this better understanding and wider acquaintance among medical men, the American Medical Association has labored, not in vain.

This leads us to consider the main object for which this annual convention was inaugurated. Although, *ex necessitate*, such a body of lovers of science could not be brought together without endeavoring to advance the cause in which they are so deeply interested, yet we regard the main object of the projectors as accomplished when they are brought together and made mutually acquainted. In other words, the æsthetic and social element is of supreme importance, and deserves the fullest consideration. Having assembled such a body of physicians, it is but natural that part of their entertainment should consist in the interchange of views upon special medical topics. But we protest against inundating the meetings with a mass of papers upon subjects which the members of the Sections have not selected, volunteered by men, possibly, from whom they do not care to hear upon any subject. The papers read at the New York meeting in the course of three days aggregated over one hundred, and at least as many more would have been inflicted upon the unoffending delegates had time permitted. The papers crowded out the discussions to a very large extent, and thus opposed the fundamental idea of the convention, which was to hear the views of as many different members as possible. Two papers upon one afternoon would be ample in each Section, and these should be suggestive rather than exhaustive; they should never, under any circumstances, be exhausting.

Some of these authors are so prolific that they volunteer to read four or five different papers at the meeting. Would it not be well to appoint a committee in each Section (consisting, for instance, of the chairman and the secretary, with a third member of their own selection, but unknown to the remainder of the Association), to receive and pass on the papers *before* presentation, so as to prevent imposition of trashy papers, that have

been already rejected by the medical journals? Something of this kind must be done, or the delegates will continue to come home suffering with a mental surfeit and mal-assimilation that incapacitates them for study for a long time to come. The tendency of the professors to embrace the opportunity to lecture to the members appears to be irresistible to many of them, and has been conspicuous in meetings even prior to the last.

What effect the establishment of an Association journal, as urged by many of the members, will have upon this mass of crude material will depend much upon the good judgment of the editor and the freedom of action conferred upon him by the Association. Whoever he may happen to be, a delicate and difficult task awaits him.

Notes and Comments.

Therapeutical Notes.

TREATMENT OF ANAL FISSURE.

Dr. Hamon informs us, in *Le Praticien*, that instead of employing forcible dilatation, he applies to the fissure, with a camel-hair brush, a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications, at intervals of two or three days, usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

ARSENIC IN NEURALGIA.

Dr. J. T. Stewart states, in the *Peoria Medical Monthly*, that he has been in the habit, for many years, of prescribing arsenic combined with opium in ordinary neuralgia, and found it of great value. His formula is as follows:—

℞. Liquor. potas. arsen., ℥iij.
Tinct. opii,
Alcohol, āā ℥iss. M.

Sig.—Give ten drops in water every three hours, increasing the dose by two or three drops daily until the disease is controlled, or until decided constitutional effects are produced.

"Overwork and Underwork."

The *Lancet*, May 22d, 1880, observes that considerable interest has been excited on the subject of "underwork" by a popular lecture recently delivered by Dr. Wilks," and the theme is one of very high importance. Underwork is the converse of overwork, and it cannot be doubted that it is the more widespread and worse evil of the two. The reason of this is obvious: work is the natural stimulant of growth, and the cause as well as the complement of nutrition. A person who does not work *cannot* eat, to paraphrase a dictum of the purest science and philosophy. The working capacity is the measure of the capacity for nourishment. An ill-trained system, or part, of the organism not only lacks the power to act, but also the power to recuperate itself under any accidental strain of exercise. The loungers and loiterers in life, the listless, purposeless people, who have no joy in their labor for its own sake, form the class from which the population of asylums is principally recruited, and it is the temporarily active individuals of this order who break down from overwork. Sometimes a man or boy who has not been educated, in any physiological sense of the term, whose faculties may be naturally brilliant, but who is not formed for continuous exertion, becomes inspired with a special longing to exert himself. He works on earnestly, but he is like a man trying to play the part of an athlete with no trained muscular system to call upon. He breaks down, as it seems, from overwork, but it is the underwork of previous years that kills him.

Hypodermic Injection of Chloroform in Sciatica.

Dr. Blache directs, in *l'Union Med.*, May 11th, 1880, that the first injection of pure chloroform be made at the highest point of the seat of pain, throwing in a syringeful, or about one gram and a fifth. Next day the injection should be made lower down, and the third day lower still. In certain cases even two or three injections may be made the same day, thus inserting three or four grams of chloroform. In obstinate cases Dr. Besnier advises the injection of an entire syringeful at the highest point, a second opposite the great trochanter, a third near the head of the fibula, and a fourth at the malleolus. If the pain has not disappeared at the end of three or four days, recourse should be had to other means of treatment.

Jaborandi in Mumps.

Dr. Testa states, in *Il Morgagni*, that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy in mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.

A New Anthelmintic.

Dr. Lemos, in *Medicinische Neuigkeiten*, states that the ocinum basilicum, a plant known in Buenos Ayres under the name 'albochaca,' has an action of such a nature that the worms in every stage of development rapidly leave their location after the juice reaches them. Its use is so much the more to be recommended, since, if no worms should be present no injurious effect results from the plant, but a laxative and disinfectant action is the only result. Fifty grammes of the juice are given, followed in two hours by a dose of castor oil. A free discharge of the worms may be expected.

The Relationship of Diabetes to Insanity.

Dr. Santos shows, in *Annales Méd. Psychol.*, January, 1880, that diabetes sometimes alternates with insanity, in the same manner as pulmonary tuberculosis is known to do. In many cases of diabetes there exists a specific mental disturbance, characterized by depression, and occasionally leading to suicide. The intensity of the symptoms is directly proportionate to the amount of sugar in the urine. Later in the course of the disease the patient sinks into a state of quiet apathy, talking to himself, but is without delusions; this condition often lasts until death.

Correspondence.

The Effects of Conception on the Nervous System.

Ed. Med. and Surg. Reporter:—

March 2d., I was called to see Mrs. M., aged 21 years; married six months; very robust and of a sanguineous temperament. Since puberty she has menstruated regularly and without any discomfort or nervous symptoms, up to the present date, which is her catamenial period, but it has failed to appear. She has heretofore enjoyed perfect health. With this history the following symptoms presented: A slight, whitish fur on the tongue; pulse a little excited; respiration somewhat hurried and forced; no symptoms of malarial poison; no hysteria; urine tested and found normal; bowels open; disposed to sleep all the while, and while asleep would pull and pick violently at the bedclothes and indulge in low mutterings; when aroused her mind would become perfectly clear and calm; complained only of a severe pain in the lower part of her spine; unable to move herself in bed without assistance; could neither stand nor sit alone: if she attempted to walk her toes would drag on the floor; she would pass into a sleepy stupor while standing up and would say her sleep was natural; complained of no pain in head; no loss or increase of sensation. A vaginal examination showed a softened condition about the os uteri; no dilatation. The most attractive and unusual symptom of great nervous irritation was the rapid contraction and dilatation of the pupils. They would contract and dilate to their full extent about six or eight times to the minute, entirely uninfluenced by light, and seeming to affect the vision in no way in either state.

I will state that these symptoms, so far as I could learn, had developed the night previous, as she was up and attending to her duties the day before I saw her, complaining only of a backache.

From the foregoing history and symptoms I diagnosed the case as one of hyperæmia of the brain and spinal cord, caused by this, her first, conception, producing a reflex action. With this conviction I proceeded to apply wet cups along the spine, and removed several ounces of blood. I also ordered a preparation of bromide of potassium and valerian and left the patient, expressing the hope that the system would accustom itself to the physiological functions going on, and that these symptoms would soon pass away.

Two days later I repeated my visit and found her condition no better, except that the cupping had partially relieved the pain in the spine. I applied the cups again and drew off more blood. To open the bowels, ordered large doses of calomel and ipecacuanha.

Saw the patient next day. Pain over the spine greatly relieved; not so much paralysis; no abatement of other symptoms; cathartic acted freely. In this condition she remained for nearly two months, the symptoms gradually increasing in severity and yielding to no treatment that I could institute.

April 29th. Found her in slight convulsions, gradually increasing in severity and frequency. I advised the induction of abortion.

April 30th. With the assistance of my friend Dr. John Rainey, who had seen the case and concurred with me in the mode of procedure, I introduced a probe into the uterine cavity and broke up the membranes. She bore the operation well, and aborted in about thirty hours, throwing off a fœtus I supposed to be six or eight weeks old. There was no sudden reaction, but her symptoms gradually became milder, and I can pronounce her, May 20th, entirely recovered.

In the treatment of this case there arose an immaterial, though interesting, question in my mind. It was, whether this condition which, toward its close so greatly endangered her life, arose from the suspension of a previous regular physiological act, or from the taking on of a new physiological condition.

I think it undoubtedly arose from the conception, for the suspension of menses was no less physiological than the conception. The point that created this question was this: She menstruated the last time about February 1st, and conception took place a few days later, judging from the subsequent non-appearance of the catamenia and the size of the fœtus. Now, she carried that fœtus, without discomfort, from about February 5th up to March 1st, which was her time, and then the foregoing symptoms set up. This is not so strange when we reflect and see that the uterus, even after conception, often takes on its regular monthly congestion, and in some instances the flow comes on.

Having presented this case in detail, I shall not discuss it further than to say I think it too often the custom of physicians to postpone or refuse such timely interference, in similar cases, as is necessary for the safety of the mother. The danger of the operation in this case was enhanced, because of my postponing until convulsions came on.

I humbly offer the report of this case to the profession, for such consideration and discussion as the rarity of its symptoms and obscurity of its pathology may demand.

Clarksville, Texas. P. W. Johns, M.D.

One Symptom Diagnostic of Fractured Femur.

Ed. Med. and Surg. Reporter:—

Leverrier discovered a new planet, Neptune, by one group of signs. Nélaton diagnosed the fact and place of a bullet in Garibaldi's foot by one sign, which was a trace of lead brought out on a porcelain probe. John Hunter diagnosed a case of pregnancy by one symptom, the areola about the nipple. In a case of sharp emergency, I myself was able to diagnose heart disease as a cause of acute mania by one symptom, namely, a sudden and anxious cry for "more air." The fact of the suspected disease was soon verified by post-mortem inspection.

In like manner I believe fracture of the femur may be decided on by one symptom, whenever it follows a concurring fact. That symptom I first employed in 1876 to solve the question of an injured hip, and desire here to elevate it to the distinction of an individuality. Its portent is a pathognomonic sign. All of our text-books leave it out of the list of symptoms of this injury, and only refer to it incidentally.

Hamilton's Surgery enumerates three symptoms indicative of fractured neck of femur. These are, "shortening, crepitus and everted toe." Prof. Gross adds to the above one other, that of "extra mobility of limb." Some one or more of these symptoms are often absent for days. Sometimes all of them are out of sight for an indefinite time in fractured neck. In that case the surgeon encounters a profound gap. That gap I hope to fill with a sign that is almost never absent. One that is able to stand alone and point the way. What is it?

It consists of the fact of disability. Sudden disability. Disability immediately following an accident or a fall.

Now, has this sign the amount of meaning we draw from it? Why not? Look at its commanding features. It is the first symptom noticed, unless it be pain. Like pain, it is self-asserting.

Few students of surgical literature can ever forget the terse language of Liston, where he says, "When, succeeding a fall, a patient rises disabled, with a shortened limb, crepitus and everted toe, we meet a set of facts which find no explanation short of a fractured leg." What less can we say of the single fact of sudden disability when it heaves in sight? The thought of contusion is inadequate. If there is luxation we find it. If paralysis we see it. If malingering we detect it. These being carefully excluded, disability, specific and overpowering, remains to be accounted for. The demand is imperative. We, therefore, must conclude, in similar language to that of Liston, that the above named marked infirmity finds no explanation short of fractured bone.

We have heard of cases where a person has sustained a broken leg and immediately walked home, or some considerable distance. These are exceptions.

"A slight fall," says Gross, "is sufficient for a broken leg." Thus the fall is the factor; the inability to stand or walk is a sequence so direct and consecutive as to certify to a broken bone. That break is apt to be, in people of mature years, at the neck of the femur. Add to the fact of disability another fact, that of pain in the attempt to stand or walk, with abatement of that pain when the member is at rest, and we ask where is the liability of mistake? Is there any other known lesion likely to be mistaken for it? I know of none. Fractured acetabular rim cannot long be taken for a broken femur. In fact, acetabular fracture is little more than another name for luxated hip.

We repeat, our new symptom is not merely the initial cry of distress, it is the foremost word spoken that conveys intelligence. It points an index finger to the seat of injury, and writes the diagnosis. You cannot heed it without profit. You cannot disregard it without loss. To restate and re-assert it—other hurts ruled out—sudden disability following a fall signifies a broken femur. A. S. Hudson, M.D.

Stockton, Cal., May 1st, 1880.

News and Miscellany.

AMERICAN MEDICAL ASSOCIATION.

Thirty-first Annual Meeting.

The Association met in Association Hall, New York, at eleven o'clock, June 1st, the President, Dr. Louis A. Sayre, in the chair.

The meeting was opened with prayer, by William F. Morgan, D.D.

Then followed the address of welcome by Dr. T. Gaillard Thomas. He spoke of the last meeting of the Association in New York, sixteen years ago, when the country was torn to pieces by war, and when no circumstances pointed to any more pleasant gatherings. "But a change has come," he said, "and now the members from the North, East, South and West meet in harmony in the great metropolis." The speaker called attention to the advance the medical profession had made to a higher standard of knowledge, a broader plane of usefulness than ever before; how that facts and ideas are spreading on wings more rapid than the wind. He concluded by bidding everybody a hearty welcome to New York.

The roll of members was then called by Secretary Atkinson.

A list of 372 names of applicants for membership was then presented, and on motion they were duly elected.

The President's Address on "What America

has done for Medical Science," was in substance as follows:—

"To the question, 'What does the world yet owe to American physicians and surgeons?' we would venture a more full reply, although time will not permit us to revert to more than a few of our professional achievements. First, among the greatest boons ever conferred upon suffering humanity, stands anæsthesia, an American suggestion, and one that immortalizes the name of Morton. Who can ever estimate the value of this discovery, or who can accurately describe the contrast between the former agony necessarily endured in many surgical operations and the present absolute oblivion of all pain, the happy, tranquil, undisturbed sleep while the flesh quivers under the knife? When we contemplate the millions of human beings on the earth, and consider the fact that at every moment of time, in some part of the civilized world, hundreds, if not thousands, are enjoying the benefits of this great discovery, the mind becomes overawed at the magnitude of the blessing, and even imagination fails to comprehend fully its benefits. Ovariotomy, another American contribution to the medical profession, has done as much toward saving life as any other surgical discovery of the nineteenth century. It was first practiced in 1809, in Danville, Ky., by Dr. Ephraim McDowell. At the present time it is acknowledged as the proper operation to perform in certain cases, by every medical school in the civilized world."

Business of a general nature was then transacted. Reports were received and committees appointed, after which adjournment was had for lunch.

The general session having thus disposed of most of the routine business at hand, the members were ready for science. Because of the great number of papers to be read, the time for reading each one was limited to thirty minutes, and to further help time along, the different branches and subjects were divided into several sections, which conducted their work in different rooms.

The Section of Practice of Medicine, Materia Medica and Physiology met at 2 P.M., in the large hall. Dr. J. S. Lynch, of Baltimore, Md., was Chairman, and Dr. W. C. Glasgow, of St. Louis, Secretary. Papers were read as follows: "On the Classification of Medicines," by Dr. W. H. Thomson, of New York; "On the Therapeutics of Natural Waters," by Dr. W. C. Van Bibber, of Baltimore, Md.; "Investigations in Relation to the Cause and Character of Diphtheritic Poison, and the Results of Fifty Inoculations," by Dr. J. T. Everett, of Sterling, Ill.; "A Case of Recovery from Occlusion of one or more of the Cerebral Sinuses," by Dr. M. O'Hara, of Philadelphia, Pa.; "Progressive Muscular Atrophy and Pseudo-hypertrophy," by Dr. I. N. Kerlin, of Media, Pa., and Dr. Charles K. Mills, of Philadelphia, Pa.

The Section of Surgery and Anatomy met in the amphitheatre of the College of Physicians and Surgeons, northeast corner of Fourth avenue and Twenty-third street, with Dr. W. T. Briggs, of Nashville, Tenn., Chairman, and Dr. C. Powell Adams, of Hastings, Minn., Secretary. Papers were read on "Spinal Extension; Its Modes, Means, and Motives," by Dr. Benjamin Lee, of Philadelphia, Pa.; "Phimosis as a Cause of Nervous Symptoms, with Results of Operations," by Dr. George M. Beard, of New York city; "Section of the Infra-Orbital and Inferior Dental Nerve, for Neuralgia," by Dr. John T. Hodgen, of St. Louis, Mo.; "Compound Complicated Hare Lip" (illustrated by three cases), by Dr. James L. Little, of New York city; "Newly Devised Orthopædic Appliances, Including the Sector Splint," by Dr. Charles F. Stillman, of Plainfield, N. J.; "Anatomical and Surgical Considerations in regard to Synovitis and Extension to Joints," by Dr. William H. Pancoast, of Philadelphia, Pa.

The Section of Obstetrics and Diseases of Women and Children met in the same hall, third story of Association Hall, with Dr. Albert H. Smith, of Philadelphia, Pa., Chairman, and Dr. Robert Battey, of Rome, Ga., Secretary. Papers were read on "Battey's Operation in Epileptoid Affections," by Dr. J. Marion Sims, New York city; on "The True Import of Ovariotomy or Spaying, for Reflex Symptoms, More Particularly in Epilepsy, Hystero-epilepsy and Catalepsy," by Dr. Montrose A. Pallen, of New York city.

The Section of Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene met in the lower lecture room of the College of Physicians and Surgeons, where Dr. James F. Hibberd, of Richmond, Ind., presided, and Dr. Thomas F. Wood, of Wilmington, N. C., served as Secretary. Papers were read on "The National Board of Health," by Dr. J. S. Billings, United States Army; "The Death Rate of the Rich and Poor," read for Dr. Charles Robert Drysdale, of London, England; "The Relations of the Medical and Legal Professions to Criminal Abortion," by Dr. E. H. Parker, of Poughkeepsie, N.Y.; and "Unsanitary Engineering," by Dr. A. N. Bell, of New York.

The Section of Ophthalmology, Otology and Laryngology met in class room, third story of Association Hall, at 2 P.M. Papers were read on "Stenosis of the Larynx," by Dr. W. H. Daly, of Pittsburg, Pa.; "Remarks on the Lesions of the Larynx in Pulmonary Phthisis," by Dr. Carl Seiler, of Philadelphia; on "Tumors of the Lachrymal Gland, their Pathology and Operative Treatment, with Demonstrations," by Dr. H. Knapp, of New York; on "The Psychophysiological Training of Idiotic Eyes," by Dr. E. Seguin, of New York.

It was dinner time when the last paper was read, and the members wended their way to their hotels without delay, to prepare for the reception in the evening.

In the evening was held the reception in honor of the Association, given by its resident members and the citizens of New York, at the Academy of Music. The hours were from eight to eleven P.M. The Committee of Entertainment and Invitations had for its chairman Dr. Charles Inslee Pardee, and for members, Messrs. Montrose A. Pallen, Robert F. Weir, Joseph C. Hutchinson, William M. Polk, and E. H. Parker. The Reception Committee had Dr. T. Gaillard Thomas for its chairman, and for members, Montrose A. Pallen, Henry D. Nicol, Bache McE. Emmett, Thomas H. Burchard, Charles S.

Ward, Allan McL. Hamilton, F. R. Sturgis, Frank H. Hamilton, James H. Anderson, J. Williston Wright, T. Addis Emmett, Louis A. Sayre, James B. Hunters, Henry F. Walker, Fordyce Barker, A. A. Smith, Walter R. Gillette, Charles Inslee Pardee, Robert F. Weir, Joseph C. Hutchinson, William M. Polk, E. H. Parker, Stephen Smith, M. H. Burton, C. R. Agnew, William H. Thomson, George F. Shrody, J. Marion Sims, Edward G. Lowry, R. A. Wilthaus, G. E. Sussdorff, A. E. Macdonald, B. F. Dawson, W. T. Tusk, F. A. Castle, Albert Buck, Paul F. Mundé, William H. Hall, and C. Carroll Lee. The floor over the seats was put down and the stage thrown open.

SECOND DAY.

The general session began with the presentation of the report of the Committee on Nominations, which was followed by a paper criticising the reports on State medical societies, by Dr. Samuel D. Gross, a Philadelphia surgeon.

Next came a report on ozone, by N. S. Davis, M.D., of Chicago; which in turn was followed by an address by the Chairman of the Section, Dr. J. S. Lynch, of Baltimore, on the "Practice of Medicine, Materia Medica and Physiology."

The general session was closed by an address of the chairman of the Section of Surgery and Anatomy, delivered by W. T. Briggs, M.D., of Nashville, Tenn.

Papers were read as follows in the Section of Practice of Medicine, Materia Medica and Physiology: "Sphygmograms, with Notes of Autopsies," by H. R. Hopkins, M.D., of Buffalo, N. Y.; "On the Use of Chrysophaaic Acids in the Treatment of Skin Diseases," by Robert W. Taylor, M.D., of New York city; "Artificial Inflation as a Remedial Agent in Diseases of the Lungs," read by J. Solis Cohen, M.D., of Philadelphia, Pa., for W. T. Gadbury, M.D., of Yazoo City, Miss.; "The Treatment of Scrofulous Diseases of the Skin," by John V. Shoemaker, M.D., of Philadelphia, Pa.; "Epilepsy," by Leonard Pitkin, M.D., of New York city; "On Restorative Remedies," by J. R. Uhler, M.D., of Baltimore; "On the Use of Sulphur and its Compounds in the Treatment of Skin Diseases," by L. Duncan Bulkley, M.D., of New York.

Papers were read in the Section of Surgery and Anatomy: "Compound Complicated Hare Lip," (illustrated by three cases), by James L. Little, M.D., of New York city; "A New Ether Inhaler, and a New Form of Transfusion Apparatus," by Dr. Joseph C. Hutchinson, of Brooklyn, N. Y.; "Hip Joint Disease" (specimens of and splints for), by Dr. DeForrest Willard, and Dr. E. O. Shakspeare, of Philadelphia, Pa.; "Aspiration in Pericardial Effusion," by Dr. John B. Roberts, of Philadelphia, Pa.; "Thoracentesis" (twenty-one operations), by Dr. C. A. Leale, of New York city; "Cystotomy in Cystitis of the Male," by Dr. Robert F. Weir, of New York city; "Skin Grafting" (with cases), by Dr. L. Turnbull, of Philadelphia, Pa.; "A New Inhaler," by Dr. D. M. Barr, of Philadelphia, Pa.; "Laparotomy and Colotomy, with Formation of Artificial Anus, for Obstruction of the Intestines," by Dr. W. A. Byrd, of Quincy, Ill.

In the Section of Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene, papers were read as follows: "Disposal of Sewerage," by Dr. Charles F. Folsom, of Boston, Mass.; "Temperature of Living Rooms," by Dr. R. C. Kedzie, of Lansing, Mich.; "The 'Personal Factor' in the Etiology of Preventable Disease," by Dr. Alfred L. Carroll, of New Brighton, N. Y.; "Climate and Diseases of the Mississippi Valley," by Dr. Joseph Jones, of New Orleans, La.; "Hot Air Bathing as a Means of Promoting Health and Preventing Disease," by Dr. E. C. Angell, of New York city; "Microscopical Sections of Cases of Diseases of the Brain," by Drs. Charles K. Mills and Carl Seiler, of Philadelphia, Pa.

The Section of Obstetrics and Diseases of Women and Children, meeting in a small room in the third story of Association Hall, listened to papers as follows: "Management of the Third Stage of Abortion, with Retention of Placenta and Membranes," by Dr. Joseph Taber Johnson, of Washington, D. C.; "Gastro-hysterotomy; being Remarks on and Exhibition of a Full Term Uterus Removed by Laparotomy," by Dr. Isaac E. Taylor, of New York city; "Ablation of the Uterus for Non-malignant Tumors," by Dr. Gaillard Thomas, of New York city.

The Section of Ophthalmology, Otology and Laryngology heard papers on "Anatomical Peculiarities of the Central Artery," by Dr. F. B. Loring, of Washington, D. C.; "Bilateral Paralysis of the Abductor Muscles of the Larynx," by Dr. F. H. Bosworth, of New York city; "The Therapeutic Value of the Galvano-cautery in Diseases of the Naso-pharynx," by Dr. W. H. Daly, of Pittsburg, Pa.; "Contributions to the Pathology and Treatment of Vascular Tumors of the Lids," by Dr. Charles S. Bull, of New York city; "Demonstration of Models to Illustrate the Refraction of Light by Asymmetrical Surfaces, to be followed by Remarks on the Determination and Correction of Astigmatism," by Dr. H. Knapp, of New York city.

In the evening the Association attended the performance of "Othello," at Booth's Theatre.

THIRD DAY.

The Association had an exciting time discussing the international metric system of weights. The opponents of the proposed change were, however, too poorly supported in their arguments, and when the vote was taken to recommend the teaching and practice of the metric system in the medical colleges and dispensaries it was carried by a majority that admitted of no division. The question was presented to the Association by the report of an Executive Committee appointed at the meeting held in Atlanta, last year. At the same meeting it had been resolved that the Association request its members to employ the metric system in their papers and in reprints thereof, the medical boards of hospitals and dispensaries to use it in prescribing and recording cases, and that the faculties of the medical and pharmaceutical schools adopt it in their didactic, clinical and dispensary departments. It was further resolved that the Association adopt the system and use it

in its own transactions. A Committee was appointed to give unity and rapidity to the movement. The substance of the report is contained in the following excerpts:—

As long as physicians had to deal almost exclusively with quantities sensible to the naked and unaided senses, the duodecimal computation—though tedious and unsafe in complex quantities—could have been serviceable. But now, and every day more and more, the vital questions of our art rest upon the analysis of quantities too small to be appreciated by the senses; quantities comprehensible and manageable only through the rational uniformity of which the metro-decimal system is the simplest exponent and expression.

We are not alone in this plight. In England, famed old surgeons, like Th. Holmes, men in the prime of their talents, like Burdon-Sanderson, Sydney Ringer, Ernest Hart, and the younger graduates of the London University Medical College, all agree that the metric system is the future quantitative language of our profession.

We stand in about the same relation to this progress as the English. You have created the present Executive Committee; they have appointed Dr. Clifford Albutt, of Leeds; Dr. Lauder Brunton, F.R.S.; Dr. Sieveking; Professor Frazer, Q.V., Edinburgh; Professor Harvey, University of Aberdeen; Dr. Quain, F.R.S., Chairman of the Pharmacopœia Committee of the General Council, and Mr. Ernest Hart, Chairman of Council, a committee to report on the means of introducing the metric system in medicine in Great Britain. This committee will report at the next meeting of the British Medical Association in August, as we report to you now. Last year we ran with our English *confréres* the same noble race. Who will reach the goal first this time?

Considering also and above all the home question, any delay in the teaching of the metric system brings up new crops of physicians, who, however capable otherwise, are incapable at first, and soon become unwilling to learn and use the quantitative language common to medicine, chemistry, pharmacy, physics, etc., your Metric Executive Committee submits to your action the following propositions:—

The American Medical Association, first, recommends the teaching and practice of the metric system in medical colleges, clinics, dispensaries, &c.

Second, Charges its Executive Metric Committee with the duty to report annually on the above institutions which teach and those which do not teach the metric system.

Third, Authorizes said committee to enter into communication with the Metric Committee of the British Medical Association, in order to concert such plans as may render the use of the metric system simultaneous and uniform in both countries.

An animated discussion followed, in which several members from the Western States opposed the new system, but finally, the vote being taken, it was passed.

It was decided to hold the next annual meeting in Richmond, beginning on the first Tuesday of May, 1881. Further reports were received by the general session, and two papers were read, one by Dr. James F. Hibberd, of Indiana, on "Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene;" the other on "Ophthalmology, Otology, and Laryngology," by Dr. Bolling A. Pope, of New Orleans. Several amendments to the Constitution were made, and the general session adjourned.

In the several Sections were read, in the afternoon, as follows: Section of the Practice of Medicine, Materia Medica and Physiology—"Electrical Treatment of Exophthalmic Goitre," by A. D. Rockwell, M.D., of New York city; "The Strong Galvanic Treatment in Sciatica" (illustrated by cases), by V. P. Gibney, M.D., of New York city; "Hydrobromic Ether," by L. Turnbull, M.D., of Philadelphia; "On the Pharmacopæia of 1880," by D. W. Prentiss, M.D., of Washington, D. C.

Section of Surgery and Anatomy:—"The Pathology and Treatment of Syphilis," by Dr. F. N. Otis, of New York city; "On the Radical Cure of Inflammation by Ligation of the Vessels of Supply," by Dr. H. F. Campbell; "On the Treatment of Syphilis at the Commencement and End of the Nineteenth Century," by Dr. Charles Robert Drysdale, of London, England; "On the Treatment of Fractures," by Dr. W. D. Hooper, of Liberty, Va.; "Lupus" (illustrated by the magic lantern), by Dr. H. G. Piffard, of New York city; "The Development of the Osseous Calluses in the Different Fractures of the Bones of Man and Animals" (illustrated by micro-photographs), by Dr. H. O. Marcy, of Cambridge, Mass.; "On the Foramina of Monro in Man and the Domestic Cat," by Dr. Burt G. Wilder, of Ithaca, N. Y.; "A Method of Treating Spinal Disease," by Dr. E. H. Coover, of Harrisburg, Pa.; "Treatment of Fractures of Long Bones Involving Joints," by Dr. James S. Green, of Elizabeth, N. J.; "On the Present Standing of the Doctrine of Inflammation," by Dr. C. Heitzman, of New York city; "On the Treatment of Fractures," by Dr. W. D. Hooper, of Liberty, Va.

Section of Medical Jurisprudence, Chemistry, Psychology, State Medicine, and Public Hygiene—"Moral Treatment of the Insane," by Dr. Charles W. Page, of Hartford, Conn.; "Construction and Arrangement of Almshouses," by Dr. W. H. Lathrop, of Tewkesbury, Mass.; "Criminal Use of Chloroform," by Dr. J. V. Quimby, of Jersey City, N. J.; "Suspicions of Poisoning," by Dr. Thomas Antisell, of Washington, D. C.; "Humane Societies," by Dr. William F. Thoms, of New York city; and the report of the special committee on the "Intervention of the Physician in Education."

Section of Obstetrics and Diseases of Women and Children—"On the Treatment of Fibroids of the Uterus by Dry Earth," by Dr. Addinell Hewson, of Philadelphia, Pa.; "Clinical Report on a Modified Operation for Cystocele," by Dr. B. F. Dawson, of New York; "Stillbirth—Resuscitation after Two Hours and Five Minutes," by Dr. Robert Battey, of Rome, Ga.; "Remarks on Sponge Tents and their Mode of Preparation," by Dr. R. Beverly Cole, of San Francisco, Cal.; "Rest after Delivery—Treatment of Peritonitis," by Dr. R. Tauszky, of New York city.

Section of Ophthalmology, Otology, and Laryngology—"Embryology of the Eye" (illustrated by micro-photographs), by Dr. David Hunt, of Boston, Mass.; "Etiology of Ozæna," by Dr. R. C. Brandeis, of New York city; "Opticociliary Neurectomy—A Magnet for the Removal of Particles of Steel and Iron from the Interior of the Eye," by Dr. E. Gruening, of New York; "On the Detection of Steel and Iron Foreign Bodies in the Eye with a Suspended Magnet," by Dr. Thomas R. Pooley, of New York; "On the Anæsthetic Effect of Cold Applied to the Cornea as a Therapeutic Measnre," by Dr. H. S. Oppenheimer, of New York city; "Observations with Cases of Aural and Auditory Vertigo," by Dr. L. Turnbull, of Philadelphia, Pa.; "On Perichondritis Auriculæ, with Presentation of a Case," by Dr. H. Knapp, of New York city; "On the Surgical Treatment of Naso-pharyngeal Catarrh," by D. H. Goodwillie.

In the evening the doctors were entertained by receptions at the houses of Mr. August Belmont and Mayor Cooper, and on the part of the Academy of Medicine, at the houses of the President and Vice-President of that institution, Drs. Barker and Thomas.

FOURTH DAY.

The only business transacted was the election of officers for the ensuing year, which resulted, on an uncontested ticket, as follows:—President, Dr. John T. Hodgen, of St. Louis, Mo. Vice Presidents—Dr. W. H. Anderson, of Mobile, Ala.; Dr. Henry T. Holston, of Vermont; Dr. H. Carpenter, of Oregon. Permanent Secretary, Dr. W. B. Atkinson, of Philadelphia. Treasurer, Dr. Richard Dunglison, of Philadelphia. Librarian, Dr. William See, of Washington, D. C. Judicial Council—Dr. J. K. Bartlett, of Wisconsin; Dr. F. Staples, of Minnesota; Dr. A. R. Wallace, of Texas; Dr. J. G. Thomas, of Georgia; Dr. John S. Billings, United States Army; Dr. J. H. Warren, of Boston, Mass.; Dr. A. T. Woodward, Vermont. Chairmen and Secretaries of Sections—Practice of Medicine, Materia Medica and Physiology—Dr. William Pepper, of Philadelphia, and Dr. Thomas A. Oakley, of Maryland. Surgery and Anatomy—Dr. H. McGuire, of Virginia, and Dr. D. A. Eve, of Tennessee. Obstetrics—Dr. James K. Chadwick, of Boston, Mass., and Dr. J. T. Johnson, of Washington. Medical Jurisprudence, Chemistry, Psychology, State Medicine, and Public Hygiene—Dr. J. T. Reeve, of Wisconsin, and Dr. B. G. Jennings, of Arkansas. Ophthalmology, Otology and Laryngology—Dr. D. S. Reynolds, of Kentucky, and Dr. S. M. Burnett, of Washington. Diseases of Children—Dr. A. Jacobi, of New York, and Dr. W. H. Bradford, of Boston.

In the afternoon there was an excursion to Coney Island.

SECTION ON DISEASES OF CHILDREN.

Principally through the efforts of Dr. A. Jacobi, of New York, a number of delegates met on Wednesday afternoon and formed a temporary Section on Diseases of Children. Dr. S. C. Busey, of Washington, was elected Chairman; and Dr. Frank Woodbury Secretary of the Section.

An address was read by Dr. A. Jacobi, in which the propriety of establishing this Section was strongly advocated.

Dr. S. C. Busey read a paper on "Bright's Disease caused by Malaria," and Dr. James S. Green, of Elizabeth, N. J., reported "A Case of Congenital Multiple Lymphangiectasis."

On the second afternoon Dr. A. Jacobi read papers on "Supra-pubic Lithotomy," and "Congenital Atrophy of the Liver."

An amendment to the By-laws was adopted in the general session, June 3d, establishing this as a permanent Section, to be known as Section 6.

Association of American Medical Editors.

This body met at the Fifth Avenue Hotel, New York, on Monday, May 31st, 1880. Dr. F. Woodbury, of the Boston *Medical and Surgical Journal*, presided. The officers for 1881 are Geo. F. Shrady, President; R. S. Nelson, Vice President; and D. S. Reynolds, Secretary.

Personal.

—We are grieved to learn that Dr. N. S. Davis, of Chicago, was prevented from attending the meeting of the American Medical Association last week, through ill health. We have not been informed as to the nature of his sickness, but we sincerely hope it is not serious, and that he will soon be able to attend to his professional duties with undiminished vigor.

—Dr. Dudley S. Reynolds, of Louisville, Ky., editor of the *Medical Herald*, honored us with a call, the other day, while visiting Philadelphia, on his way home from the American Medical Association.

MARRIAGES.

ABBOTT—HORN.—On Wednesday evening, the 2d inst., by the Rev. J. Shrigley, Harvey N. Abbott, M.D., and Miss Martha Horn, all of this city.

MORTON—LEE.—On Thursday, May 20th, 1880, at the residence of the bride's parents, by the Rev. Arthur Brooks, William J. Morton, M.D., and Elizabeth Campbell, daughter of Washington Lee, all of New York.

PETERSON—GOTTSCHALK.—In this city, on May 27th, 1880, by the Rev. F. P. O'Neill, of St. James' Catholic Church, Robert E. Peterson, M.D., and Clara Gottschalk, second daughter of the late Edward Gottschalk, of London and New Orleans.

SCHERMERHORN—SCHERMERHORN.— At Trinity Chapel, New York City, on Thursday, June 3d, 1880, by the Rev. C. E. Swope, D.D., Charles Augustus Schermerhorn and Louise Schermerhorn, daughter of the late John P. Schermerhorn, M.D., all of New York.

TRIMBLE—SANBORN.—On Thursday, May 27th, 1880, at the residence of the bride's father, in Antrim, O., T. W. Trimble, M.D., of Fairview O., and Miss May Sanborn, of Antrim.

DEATHS.

FREEDLEY.—In this city, suddenly, on the 27th ult., Henry Stiles Freedley, M.D., in the 21th year of his age.

ROWAND.—In this city, on May 24th, 1880, at his late residence, Dr. John R. Rowand, in his 70th year.

O'CALLAGHAN.—Dr. Edmund Bailey O'Callaghan died at his residence, No. 651 Lexington avenue, New York, on May 29th.

REDDITT.—Near Carrollton, Miss., on May 25th, 1880, Dr. D. H. Redditt, aged 34 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

II. PULMONARY PHTHISIS.

Delivered at the Philadelphia Hospital, November 26th, 1879,

BY WM. PEPPER, M.D.,

One of the Physicians, and Professor of Medicine in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Gentlemen—It may seem somewhat singular, in a clinical lecture, to occupy almost the entire hour in a discussion of anatomical points, yet it is very necessary that we should understand perfectly the morbid anatomy of these different forms of phthisis, that we may know what we are talking about.

I showed you, last week, on the blackboard, the various forms of chronic pulmonary disease that will engage our attention in these lectures. You will remember that they were chronic croupous pneumonia, chronic catarrhal pneumonia, and the different forms of phthisis—croupous, catarrhal, fibroid and tubercular.

First, then, as to this term, tubercle: In considering the pathology of this subject, it is not desirable, I think, to go over the whole ground for the last fifty years, but I shall simply try to give you an idea of what we now know. Tuberculosis is the general constitutional condition in which tubercles are formed. Tubercle is an unfortunate term to apply to this product, because we have many other applications of the term. We have tubercle in cancer, in syphilis, in simple inflammation and in chronic inflammation; still, long usage has sanctioned its application to a special sort of growth. As I have said, it is a growth that occurs in tuberculosis. It is small, round or oval in shape, and is, at first, of a grayish color and somewhat translucent. Anatomically, it is made up of a central mass of granular protoplasm, without any definite shape, and imbedded in this a large number of nucleated cells, looking like lymphoid corpuscles. To this aggregration of granular protoplasm with imbedded cells the term „giant cell is sometimes applied, but it is really not a distinct unit. We find in this mass, that the formation of a separate cell structure is not long kept up, but we have a fusion into a granular mass with the nuclei alone remaining. We may have ten or fifteen nuclei imbedded and the mass may vary much in size. As we pass outward, we find a delicate fibrillar network, and in its meshes we find lymphoid cells of a higher grade of vitality, containing one nucleus and one nucleolus. All of this makes a tubercle. Tubercle may occur in almost every tissue of the body except the horny.

This is a special form of tubercle occurring in a certain variety of inflammation. You will find similar growths in conditions acknowledged by every one to be inflammatory, and we should, therefore, recognize these tubercles as an inflammatory product; the points in which it is different are, its mode of origin and its course. It arises always in a process of infection, either of an organ or of the entire system; just as we have in certain septic diseases, as pyæmia, so-called, an acute process of infection of the whole body; and in the course of this infection there arises in a number of places an acute inflammatory process; so when the system becomes the subject of a slow infection, we find arising in different tissues an outgrowth of these gray tubercles. You can

easily prove this by taking an animal, as the guinea-pig or rabbit, and putting under the skin an irritant substance, as a piece of charcoal or a string, or a piece of decomposing animal matter, and, in consequence of the irritation and slow infection of the system, you will find that the animal becomes the subject of a general tuberculosis, with outgrowths of these little gray tubercles in different parts of the body. We find the same thing in man; but it is harder to start the process in him than in animals. It seems to require some tendency on the part of the system; but of this I shall have occasion to speak under the head of the constitutional tendency to tuberculosis. But I hold that when the process is excited, the resulting product is essentially the product of a distributed infection, and that tubercles are to be regarded as inflammatory products. Tuberculosis is, then, a state of constitutional inflammation, an acute zymotic disease, in which there is a tendency to the production of miliary tubercles in one or more parts of the body, and the miliary tubercle is the product of a chronic infectious inflammation. I do not pretend to say that this inflammation is identical with that met with in the healing of wounds, or in a typical pneumonia, but that it is a grade of inflammation, and so closely allied to ordinary inflammation that we are justified in applying the term inflammation to it.

Now, having cleared the way as to the meaning of tuberculosis and miliary tubercle, as seen in the lung, we come to consider the affections included under the head of pulmonary consumption, sometimes called pulmonary tuberculosis; but this latter term is improper, because in many cases of phthisis we have no tubercle developed.

You are familiar with the division of pneumonia into croupous and catarrhal. Croupous pneumonia is, as I have already told you, a process in which the alveoli of the lung are filled with an exudation from the blood vessels which pass in the walls of the alveoli and between the lobules, containing a large number of red globules, some white corpuscles and a considerable amount of coagulable, fibrinogenous matter; but in this process the epithelium is very slightly involved, so that, as the disease goes on, and the exuded matter becomes softened, it is expectorated or absorbed, and leaves the epithelial lining in a healthy state, and thus we witness the extraordinary process in which a lung that is solid to-day is, within a week, restored to almost absolute health, with the whole of the exudation expectorated or absorbed. It would be impossible for this to occur if the epithelial lining did not retain its integrity.

If we take catarrhal pneumonia, we find that the exudation which fills the vesicles is not chiefly derived from the blood vessels, but from the epithelial cells lining the vesicle, so that we have the alveoli filled with a catarrhal product formed principally of degenerated epithelial cells. The morbid process is seated principally in the epithelial cells, and thus their essential integrity is impaired, and thus, in this as in similar cases, we have a rapid multiplication of cells. We will find that such products are difficult to get rid of, and that it is difficult to restore the spot to its healthy state, because the epithelial cells, by which this must be done, are themselves the seat of disease. There are other differences between croupous and catarrhal pneumonia, but these are the essential ones.

I will glance, in passing, at a few of the other distinctions. In the croupous form we have a lobar pneumonia, which usually occurs acutely, with marked symptoms, chill, high fever and rusty sputa, runs its course in about nine or ten days, and in favorable cases terminates in recovery. In the catarrhal form we have a lobular pneumonia. It does not involve the lobes, but affects scattered lobules throughout the lobes, or perhaps throughout both lungs. The lobule involved may be no larger than the end of the little finger. If you examine these centres of disease you will find that they are harder than the surrounding tissue. On cutting it open you will find it filled with catarrhal matter, presenting under the microscope the conditions before described. There may be but few of these points of catarrhal inflammation. They occur most frequently at the apex of the lung. They are also quite common at the root, and may occur at any part of the lung whatever. Croupous or lobar pneumonia is most common at the base of the lung, while, as I have said, catarrhal or lobular pneumonia is most common at the apex and at the root posteriorly.

There is, of course, a great difference in the general symptoms and physical signs in these two forms. As a rule the catarrhal form is much less violent. There may be a slight chill, followed by a little fever. It runs a more insidious course. In a great many cases which are considered ordinary colds there is really a trifling catarrhal pneumonia which has been overlooked. The physical signs are also quite different, for in catarrhal pneumonia the scattered lesions give rise to but little dullness on percussion and little change in the sounds heard upon

auscultation; but the point upon which I want particularly to dwell is the radical difference in the anatomical changes and the vital tendencies of the part affected. In the one, a rapid clearing up of the lung; in the other, a disease which is apt to pass into a form running a chronic course.

Acute croupous and acute catarrhal pneumonia do not belong to our present study, but both of these are apt to become chronic; and this is true to a much greater extent of catarrhal than of croupous pneumonia. Occasionally croupous pneumonia, either from the extreme violence of the attack or from some failure of the constitution of the patient, does not go through its normal stages and terminate in resolution, but we have, instead, a chronic solidification of the lung, a chronic croupous pneumonia. The lung becomes indurated, and there is a marked tendency for the cellular tissue to become involved, so that we have fibrous bands passing through the lung in different directions, the inter-cellular tissue becomes thickened and the lung passes into a state of fibroid thickening; but it is remarkable how long such a lung will retain its vitality. This is because the cellular elements of the alveoli have not been involved. Months may elapse, and the solidification of the lung still persist, and yet no sign of breaking down of the lung substance show itself. Now, here let me call attention to what I said last week in regard to the use of the term phthisis. Just as long as the lung is simply solidified, and no breaking down of its structure has occurred, it is not a case of phthisis. There may be hectic fever; there may be wasting of the flesh; there may be extreme loss of strength: there may be shortness of breath, purulent expectoration, and severe cough; there may even be hemorrhage from the lung, but so long as there is no breaking down of the lung, it is not phthisis. Therefore, a case of croupous pneumonia may pass into the chronic form, the lung may become solidified, there may be fibroid thickening, but unless there is a breaking down and destruction of the lung substance, in consequence of the cellular lining of the vesicle losing its vitality, it is not a case of pulmonary phthisis, properly so called, for no matter how long the condition has lasted, such cases are susceptible of cure without loss of tissue.

How does the lung break down in such cases? Usually, in one of two ways. The first way in which it takes place is by the circulation of the part being cut off, thus causing its death; the necrosed mass softens, is expectorated, and a cavity is left. The second way is by a process of cheesy degeneration. Cheesy degeneration may affect any morbid product; it is simply a process of slow drying, associated with a slow fatty metamorphosis, by which the soluble parts are absorbed, leaving the product dryer and dryer, and owing to the defective circulation of the part, the albuminous elements are, by a destructive chemical process, slowly converted into cheesy and fatty matters. When cheesy degeneration has occurred, it is usually a sign that the vitality of the part has suffered, and that its circulation has become impaired, and not only does the inflammatory product suffer, but the surrounding tissue is also likely to be affected. Therefore it is that when we have a centre of cheesy degeneration we usually find that the surrounding part has lost its vitality, and is breaking down. This may occur even when its circulation has not been impaired, because the irritating matter from this centre of cheesy degeneration is likely to set up an inflammation, which, acting upon a part already weakened, is likely to be followed by its degeneration. Thus, in two ways may we have loss of lung substance, either by an arrest of the circulation and a process of necrosis, or by a slower process of cheesy degeneration, and it is then, and not before, that we have a case of chronic phthisis. Before this the condition is capable of being absolutely cured, without loss of substance.

Although croupous pneumonia may pass into the chronic state, yet it is the catarrhal form that is more likely to do so. The reason of this is because the disease strikes at the vitality of those parts by which it is to be removed. It is upon the integrity of these epithelial cells in croupous pneumonia that the rapid recovery depends, and it is upon this implication in catarrhal pneumonia that its chronic course depends. I am sorry to say that in many cases this tendency is increased by the condition not being recognized, and by improper treatment being adopted. No one can mistake a case of croupous pneumonia, but it requires a trained ear and an extended clinical experience, in order to recognize a case of catarrhal pneumonia. Chronic catarrhal pneumonia is much more likely to prove fatal than chronic croupous pneumonia. This is due to the fact to which I have now alluded so often, that in this condition the epithelial cells are weakened and diseased. After a lung has passed into a state of chronic catarrhal pneumonia, it may remain in that condition for some time. It may remain for weeks, and if the patient have naturally a good constitution and a vigorous nutrition, for months,

and no phthisis result, although throughout all that time the patient may have had cough, hectic fever and night sweats; but if there has not been destruction of the lung tissue, it is possible that the patient, under judicious treatment, may recover, without any loss of tissue; but unfortunately, in the majority of cases the disease has continued so long before coming under observation that it has induced destruction of the epithelial lining, the catarrhal matter has passed into a state of cheesy degeneration, the cells have become implicated, and we have a catarrhal phthisis developed.

Fibroid phthisis is a frequent complication of both of these forms of phthisis; thus we may have, in croupous phthisis, the inter-lobular cellular tissue becoming the seat of a hypertrophic process; and even after the exciting cause is to a great extent removed, we find that this process of fibroid thickening remains. The same is true in catarrhal phthisis; but in some cases we find this thickening of the inter-lobular connective tissue forming so marked an element that they may be termed fibroid phthisis, *par excellence*. We usually find, in these cases, the pleura much thickened, the lungs indurated, and fibrous bands stretching in every direction. We frequently find in fibroid phthisis cavities filled with the broken-down products of croupous or catarrhal phthisis.

In all that I have yet said I have not mentioned the complication of tubercle with these processes.

I have described two forms of phthisis, croupous and catarrhal, and I told you that in both of these fibroid thickening is apt to occur, but that we also had a form where the thickening is so marked, and which, although not a separate form, preëminently deserves the name of fibroid phthisis, for we find it associated with certain peculiar physical signs and a peculiar clinical history.

Each of these forms is associated with what I consider an essential element of phthisis, that is, a destruction of the substance of the lung, so that if recovery takes place, it is with some loss of substance and by cicatrization. As long as recovery can take place without a loss of substance and cicatrization, it is not phthisis.

Every one of the forms of phthisis that I have mentioned may go through all its stages without the appearance of tuberculosis, or every one of them may be associated with tuberculosis. Tuberculosis, if you accept the definition I have given you, is a specific, infectious inflammation, resulting from the absorption of some septic material from a seat of disease. The process is, as a rule, first set on foot around the original centre of disease. Sometimes the matters absorbed are carried throughout the system, setting up a process of general tuberculosis in many organs simultaneously. It is characterized by the production in all the affected parts of the little gray masses already described as tubercles. Therefore, at any period of phthisis the lung may absorb septic matter and become the seat of tuberculosis; but the readiness with which a lung becomes the seat of tubercle differs much in different people. Some will have a chronic catarrhal phthisis for ten years and not develop tubercles, while others cannot have a chronic catarrhal phthisis for two weeks without passing into a state of tuberculosis and dying in sixty days, twenty days, or even within five days. This peculiarity appears to depend upon some inherited constitutional tendency, but yet no living being is free from the danger. Any person who has a chronic croupous or catarrhal pneumonia, especially if it has passed into the form of phthisis, is liable to develop this inflammation which shows itself in tuberculosis.

I have here a number of specimens from cases of phthisis which will enable me to illustrate these different forms.

This first is an illustration of chronic croupous phthisis, with intense fibroid change. At the posterior part I show you an enormous cavity which appears to involve the whole posterior part of the lung. In front we have the lung in a state of fibroid thickening, with a number of small cavities scattered through it.

Here are the lungs from a case of chronic catarrhal phthisis, where you will be able to see, throughout the lower lobe, accumulations of cheesy matter, varying in size from a pin's head to a pea. In the upper lobe we find shown in a very marked degree the thickening of the fibrous tissue and the formation of cavities as large as an English walnut. In this thickened tissue you can still see the cheesy matter resulting from the catarrhal disease. In this lung there is a marked development of tubercle.

This is a case of fibroid with catarrhal phthisis. We have the upper lobes, the seat of fibroid change; in other places there are spots of catarrhal change. There was here a development of tubercle toward the close of life.

I have here the lungs taken from a patient only a few days ago. She was admitted to the University Hospital in a moribund condition, with a history of starvation and exposure, and died thirty-six hours after admission. Examining the lungs, we find at the apices masses of a

calcareous character, the result of a long standing catarrhal pneumonia. The product having passed into a cheesy state, the organic matters have been absorbed and the inorganic matters remain as a mortar-like mass. This piece is about three-fourths of an inch in diameter. This woman was attacked by croupous pneumonia, grafted on this old catarrhal process. The lung is now in a state of gray hepatization. If this woman had lived we would undoubtedly have found that the lung would have passed into a state of rapid phthisis.

These are probably enough to show you the anatomical conditions of phthisis and their mode of origin. When we again meet, I shall have to allude to the difference between acute tuberculosis and tuberculosis occurring in consequence of chronic disease of the lung. I shall bring before you a number of cases with their clinical histories, illustrating the evolution of each of these varieties of phthisis.

Communications.

SUNSTROKE—INSOLATION—COUP DE SOLEIL.

BY HORATIO R. BIGELOW, M.D.,
Of Washington, D. C.

These terms are applied to different affections induced by exposure to the direct rays of the sun, or to the combination of great heat with other extraneous and causative conditions. While it is true that the percentage of cases favors direct exposure to the rays of the sun as the exciting cause, yet the physician will not infrequently, in the course of his summer practice, be called upon to treat cases in which there has been no exposure, and in which the cause of the attack is due to deficient sudoriferous action, increased by the close atmosphere of a house or room. These instances usually occur among adults of advanced years, of unstable physique.

Etiology.—Long continued exposure to the direct rays of the sun is apt to be followed by alarming nervous symptoms. The moist, intense heat—that weakens the strongest man, and which characterized the midsummer days of 1879—that hangs like a shroud over nature, and which operates as fatally in-doors as out, will reach the patient in his drawing room, and will be followed by a train of symptoms quite as severe as those which ensue from direct exposure. A predisposition to attacks of heat stroke, apart from the extraneous conditions of tight or heavy clothing, of physical fatigue, of overcrowding and bad ventilation, is to be found in the physical state of the patient for some days prior to the attack. A deficient evaporation and radiation from the skin has been engendered by shock, mental or physical. A great grief coming unawares into the heyday of life may check all the secretions and excretions of the body. The sudden shock to the system occasioned by a cold bath when one has exercised violently and become overheated, contracts the mouths of the glandular apparatus, rendering evaporation impossible, so that the retained heat is thrown back upon nerve centres already hyperæmic, and then follow the manifestations of congestion. Another cause is to be found in the practice of anointing the body with different substances, to alleviate itching or to give a more bland appearance to the skin. In this way the mouths of the glands become choked and are incapable of functioning. A deficiency of drinking water is a cause of this condition in some countries. Bad ventilation and overcrowding, where the excess of carbonic acid exhaled over the amount of oxygen inhaled is apparent, will render the nerve centres unstable, will interfere with the functions of the lungs, and render the persons so living peculiarly liable to the fatal effects of heat. Excessive fatigue, by imposing superlative duties upon the heart, lungs and nervous system, creating a condition of exhaustion and irritability, may induce an attack of sunstroke in a person exposed to the influence of heat. And, finally, exposure after a hearty meal may cause it.

Post-mortem Appearances.—Dr. Wm. Pepper (*Transactions* of the Philadelphia College of Physicians, vol. III, old series, p. 99 et seq.), in four post-mortem examinations of patients who died from sunstroke, detected no indication of congestion of the brain; nothing, in fact, in any of the organs of an unusual appearance, save in the heart, which was pallid, flaccid and softened. The cavities contained but little blood and no coagulum. The endocardiac membrane and that lining the blood vessels were of a very dark, almost purple, color. Other observers have found the vessels of the pia mater notably congested, simulating congestive apoplexy; generally, if not invariably, there is marked pulmonary congestion.

Dr. Horatio C. Mead (*American Journal of the Medical Sciences*, October, 1863) reports several cases in which the blood had an acid reaction. The pathological conditions differ as the deaths result from exhaustion and syncope, produced by heat and over exertion, or from apoplexy with exhaustion. Sometimes there is extreme fluidity

of the blood, with distention of the right heart. The pathological conditions observed by Dr. Pepper would indicate death from exhaustion. More recently it has been found that the nervous centres themselves undergo marked changes. The pneumogastric ganglia have been found in a condition of fatty degeneration, the first stage in the process being an intense hyperæmia. And, *à priori*, we might naturally suppose that the ideomotor centres of the brain, together with the automatic centres of the cord, were implicated in a destructive process, if we study the subsequent nervous history of a patient who has suffered from sunstroke. In some instances we have continued manifestations of grave centric lesions. From pathological evidences Watson was led to believe that direct exposure to the rays of the sun operated on the brain as a concussion. Latterly our treatment has been based upon a differential diagnosis, the varying forms of the disease having been learned in the dead house. We must discriminate, then, between the purely congestive form, the form of exhaustion, and that in which the two are combined.

Symptoms.—Dr. Muirhead describes three varieties of the actual attack—cardiac, cerebrospinal and mixed. In the first there is sudden syncope and death; in the second coma, hurried or stertorous breathing, contracted and immovable pupils, congested conjunctivæ, a rapid, feeble and unequal pulse, with a heaving, billowy heart action. As premonitory symptoms we may have heat and dryness of the skin, the patient complaining of a burning, stinging sensation, marked hyperpyrexia, debility with exhaustion, vertigo, and less frequently intense headache, frequent micturition and delusions. In a case which fell under my notice during the extremely hot term of last summer, I noted the following condition. The patient was a lady, seventy-two years old. She had been living in a room directly under the roof, in which the temperature was excessively high, with insufficient ventilation, but she had not been exposed to the direct rays of the sun. I found her in bed, with a thin, rapid, compressible pulse, insufficient heart action, a temperature of 110°, a dry, harsh skin. She was entirely unconscious, and had well marked subsultus tendinum. Her daughter informed me that she had been obstinately constipated for some days, and had complained of a general sense of malaise. That she was unusually nervous and unable to sleep. That she had not perspired at all.

In a report based on the observation of sixty cases in the New York Hospital, Dr. Swift writes: "The patients are suddenly seized, while in the performance of their labors, with pain in the head, and a sense of fullness and oppression in the epigastrium, occasionally nausea and vomiting, general feeling of weakness, especially of the lower extremities, vertigo, dimness of vision, and insensibility. Surrounding objects appear of uniform color. In a great majority of cases this was, so far as could be ascertained, blue or purple; in one instance everything appeared red, in another green, and in another white" (*Flint, Practice of Medicine*). In twenty-four out of the sixty cases observed by Dr. Swift there were convulsions. Dr. Flint observes that he has seen death take place purely by apnœa, the pulse having considerable force until after the cessation of breathing. The temperature may rise as high as 112°, as mentioned by Dr. Dowlee, of New Orleans, or it may remain unaffected. Vomiting is frequently a prominent symptom, and the evacuation from the bowels may be involuntary. If there be profound coma, conjoined to stertorous or sighing breathing, the prognosis is extremely unfavorable. Great frequency and feebleness of the pulse, relaxation of the sphincters, tracheal râles and complete immobility are forerunners of a fatal termination. Convulsions are extremely unfavorable (*Flint*).

Treatment.—The pathological character of the affection as manifested by the symptoms is the clue to the treatment in each case. In the adoption of such a course therapeutical measures will be opposed to each other in different instances. Many cases have terminated fatally which might have recovered had it been possible to insure *absolute* rest to the patient. The necessity of removing the sufferer to a hospital, and the length of time which may elapse before medical assistance can arrive, are causes which may operate fatally. Especially is rest a prerequisite to recovery in cases of exhaustion where death is imminent from asthenia or syncope. When summoned to attend an adult suffering from heat stroke, our first duty is to remove the clothing and insure free ventilation. If it be a well-marked apoplectic case, with full, bounding pulse, stertorous breathing, slow respiration, heat of the surface, with throbbing of the carotids and temporal arteries, we should apply the ice-cap and sponge the body; the cold douche to the shoulders and chest is of great service. The bowels should be freely moved by a brisk cathartic, preferably a drop of croton oil upon the tongue, and the head should be raised. The abuse of any procedure in the practice of medicine is not a contraindication of its use, and the

physician will use his own discretion as to the propriety of bloodletting; while the abstraction of blood would be fatal in some cases, it seems to be very important in others. In the purely apoplectic cases free wet cupping of head and spine seems to be good practice, and the history of its discriminating use confirms this view. Revulsives should be applied to the extremities. If the case should be one in which the predominant symptom is exhaustion, as represented by a weak, frequent pulse, feeble heart, and with the absence of the signs of cerebral congestion, we must *avoid*, *absolutely*, cathartics, emetics, and all depressing agencies, and cautiously administer stimulants by mouth or rectum. If the surface be hot and dry we may sponge the body with spirits and water. In the mixed form of the affection the treatment will be regulated by the predominance of symptoms. The use of cold to the head, of the douche, of cathartics or bloodletting, or of stimulants, will be governed by the intensity of either the apoplectic symptoms or those of exhaustion. Serious sequelæ are not apt to follow, but in certain instances well marked symptoms of cerebral impairment have been noticed. The father of a family which I attend has never fully recovered from the effects of a sunstroke received three years ago. For six months after the attack he was obliged to stop on the sidewalk and hold on to a tree box or lamp post if he heard the rumble of an approaching horse car or carriage. He was for a year troubled with extreme insomnia and nervousness, and he now has well developed neurasthenia. The use of pills of phosphorus and nux vomica in these rare cases, conjoined to the daily exhibition of electricity, will be followed, generally, by improvement.

Insanity as a result of heat stroke was noticed by Dr. Smith in only two cases. Surgeon-Major A. R. Hall, R. A., of India, suggests the hypodermic injection of quinine. His formula is as follows:—

℞. Quiniæ sulphatis, grs. x
Acid. sulph. dilut., ♏ x
Aquæ, ad ♏ c M.

To be used in three injections at short intervals, until reaction supervenes.

Dr. Thomas G. Herron, of Cincinnati (Med. and Surg. Repoater, October, 1868), advises hot water. This is to be poured over the neck and head, and wet towels, frequently changed, are to be applied to the head.

In the *Virginia Medical Monthly* for November, 1874, Dr. C. G. Hill, of Maryland, recommends the inhalation of oxygen.

CONSERVATIVE MIDWIFERY.

BY GEORGE HAMILTON, M.D.,
Of Philadelphia.

The *Pacific Medical and Surgical Journal*, for January, 1880, contains a paper by its senior editor, Henry Gibbons, Sr., M.D., entitled "A Protest Against Meddlesome Midwifery," which was read before the San Francisco County Medical Society, and afterward reissued in pamphlet form.

The use, or preferably, the abuse, of the forceps, is that which has engaged the attention of the author almost exclusively; and whether the views presented meet with general acceptance or not, the independent, fearless spirit and moderate tone that characterizes the paper are worthy of commendation and imitation.

In the first paragraph of the "Protest" we are informed that the late Prof. Charles D. Meigs, preëminent as a lecturer and author, and authority upon the subject of midwifery, one day entered the lecture room, placed his manuscript on the desk, and in a very deliberate and serious manner said, "Gentlemen, meddlesome midwifery is bad." Then turning over the leaves of his manuscript he repeated, "Meddlesome midwifery, I say, is bad;" and walking backward and forward several times, he returned to the desk and repeated, "I say, gentlemen! meddlesome midwifery is bad." He then declared that "he did not know that he could better occupy his allotted hour than by repeating, and iterating and reiterating, 'Meddlesome midwifery is bad.'" These cautions were only uttered after long experience; for it appears from the "Protest" that Dr. Meigs had not been averse to the employment of the forceps, and had, perhaps, done as much as any man in America to promote their use. "Such admonitions," Dr Gibbons remarks, "are seldom heard at the present time, the tendency being in the opposite direction."

When the position of the late Dr. Meigs as lecturer and author is remembered, but, above all, when the vast field of experience he had during so long a life traversed is called to mind, is it not a matter of surprise that in so short a time after his active career, opinions and practice so antagonistic and contrary should have found place! But the opinions and practice of Dr. Meigs in reference to the proper use of the forceps were not peculiar to him. Contemporary authors and practitioners, and others, before his time, had views similar to those announced above. Some of these had an experience in hospital and private practice that falls to the lot

of few devoted to this branch of medical science, and consequently had corresponding advantages in the field of observation. The forceps, too, was no new appliance to them; on the contrary, it had, in various forms, long been in use as a resource in cases demanding their assistance. It is possible that an accoucheur in earlier times could occasionally be found who favored their frequent employment, but such practice was exceptional, and found no support in the teachings or example of the more prominent authors and practitioners of the time. A statistical comparison of the frequency of resort to the forceps at the present day with that of the time of Ramsbotham would, indeed, be marvelously curious and interesting, perhaps instructive. In the opinion of this distinguished authority the application of the forceps was absolutely necessary in only one case in about five or six hundred; while, if memory serve aright, there are now those who, professing to use them only when actually necessary, find them of great advantage in every sixth or seventh accouchement. Nor is this all; it is not many years since a rather young practitioner informed me that, at one period of time, he had used the forceps in from twelve to fifteen consecutive cases, and, as usual, always advantageously. Such a plurality of coincidences as this statement involves may beget doubts even in one who is not specially incredulous. Another practitioner, with exceptional frankness, informed me that, to save time, he applied the forceps the moment an opportunity occurred, and brought the child into the world. One of these gentlemen condemned, in unqualified terms, the use of a forceps devised by a professor of exalted reputation; yet this instrument is in extended use, and has in its favor the voices of many distinguished professors and practitioners of midwifery. Who then shall deliver the incipient accoucheur from his embarrassment on beholding that which, on the one side is regarded as the acme of perfection, on the other declared to be absolutely worthless? Who then, in this dilemma (for the authorities are not in accord), shall, or by any possibility can, resolve the difficulties the question presents? It has been urged, in justification of the frequent resort to the forceps at the present time, that woman has no longer the strong constitution she formerly possessed. This statement, although accepted by very many in and out of the profession, can find application only within narrow bounds. The returns of the Board of Health of Philadelphia, and doubtless of other cities, show unmistakably the greater longevity of woman than of man; nor need this cause any surprise, in view of the greater proclivity of man to dissipation of nearly every kind, that of indulgence in intoxicating liquors included. But suppose the average woman, regardless of occupation or her social position, to be less vigorous than at an earlier period, it does not of necessity follow that nature is insufficient to accomplish that which must be regarded as one of the great, if not the chief, purposes of her existence. All experience shows that many of the most muscular and robust women have more tedious and painful labors than those of less vigorous constitution, as is more especially evident in a first parturition. Nor is a reason wanting for this, since the tissues of the robust woman possess greater tonicity, and, consequently, are correspondingly less yielding than in a woman of less rigid fibre. In fact, it not unfrequently happens that the real difficulty of accouchement is not so often caused by a contracted pelvis, as by a naturally contracted, tense, and unyielding condition of the soft parts involved in parturition. This obstacle to delivery is often so persistent and difficult to overcome that the head of the child is greatly elongated, the occiput sometimes assuming a wedge-like form; its integument so congested and swollen that, occasionally, in two or three days after delivery, the scalp will present an inflamed or pustular appearance. It is cases of this character, where the head is suddenly expelled by the giving way of a small or larger portion of the perineum, that prove where the real difficulty lay, and this is confirmed in the fact that the head will, as a rule, readily pass in a second accouchement, showing that the capacity of the pelvic diameters was not deficient.

The extent to which forceps delivery has lately been carried may be exemplified as follows: A woman residing in a street of moderate size, with neat two and three-storied houses from one end to the other, occupied chiefly by thriving mechanics, lately informed me that she had good reason to believe that a majority of the women residing there were delivered by instruments. Most of this practice is in the hands of young men, who should certainly acquire the "know-how," as Dr. Gibbons terms it, before they arrive at old age.

Whatever may be the advantage of forceps delivery in exceptional cases, it is undeniable that the number of children still-born, or dying a short time after delivery, when the forceps have been employed, is, beyond comparison, greater than where the accouchement has been the work of nature alone. And again, it is the opinion

of many physicians that so many deaths by convulsion, from birth until three months old, could not occur unless some strong impression were made upon the brain or spinal marrow during artificial delivery. Furthermore, the risk, in instrumental delivery, of wounding and endangering the life of mother and child should be regarded as of most serious importance. That an immense majority of lacerations extending into the bowel have been forceps cases, is beyond doubt, and it avails nothing to say that this grievous accident would have occurred independent of their use, for this idea is negatived by the experience of hundreds of practitioners of former and present times who scarcely ever have had recourse to instrumental delivery. It may be admitted that such an injury might seldom happen in the practice of one who, to a rare judgment and power of discrimination, conjoins the tactile sense and manual dexterity of a Civiale; but how seldom, amid the throng of those who so frequently encounter what they regard as legitimate forceps cases, do we find these qualifications? Dr. Gibbons pertinently asks: "If the forceps have done all the good claimed for them since their introduction into general use, should we not have some diminution of the uterine troubles of married women?" A satisfactory affirmative response, it is to be feared, cannot be given to this question.

If, indeed, the uterine and allied derangements known, or supposed by the gynecologist, to exist, and those known or imagined by women to have overtaken them, were enumerated, the record would doubtless suffer, in comparison with that of the time when the gynecologist was not often seen or heard of. And yet the day is rapidly approaching, if it be not now at hand, when gynecology threatens to usurp, or, at least, assume a position of significance beyond that of the wide field of general medical practice, or indeed the more prominent and demonstrative surgical branch of medicine. If the amount of space in the medical journals and works devoted entirely to this subject be examined, it will be found disproportionately large, in comparison with that allotted to general medical and surgical practice; yet the latter constitutes, probably, eight-tenths of the practice of that proportion of the profession.

If the view presented be substantially correct, may it not explain the great, the increasing disposition to engage in the practice so expressively, yet indefinitely, formulated, "Meddlesome Midwifery?" "But, why," some one asks, say "indefinite?" The answer is at hand in the fact that one practitioner has used the forceps advantageously in twelve to fifteen consecutive cases; another in every sixth, twelfth, twentieth, or fiftieth case; until finally a legitimate forceps case occurs only once in five or six hundred, when all will agree that the odious phrase can no longer apply. But may not, as Dr. Gibbons intimates, the very skill and proficiency of the accoucheur beget a confidence that will lead him to interfere when there is no sufficient occasion, and thus take the business entirely out of the hands of nature. Now, pertinent as this suggestion is, it may well be doubted whether one of this class could be found who was willing to admit its applicability to himself; and as to the multitude who may possess neither skill in manipulation nor experience sufficient to justify the frequent instrumental deliveries in which they engage, self-justification, in case of disaster, would probably impel a large number to such protestations and asseverations as they deemed necessary for their defence. That the present disposition to interpose artificial assistance, by forceps or other rude measures, for accelerating parturition has gone to excess, is beyond doubt, and when reduced to practice by the class last alluded to, must be regarded as mischievous, or dangerous in character. And yet, how seldom is a protest by an author or the warning voice of the professor heard in opposition to the frequent and too often hasty and indiscriminate resort to such expedients. Thanks, then, are due to Dr. Gibbons for promulgating, in the *Pacific Medical and Surgical Journal*, and issuing in pamphlet form, the lectures delivered by him before the San Francisco Medical Society, upon this important subject. An experience of half a century, the advantages of having had as tutor a father who, during many years, stood preëminent as a practitioner of medicine, in Wilmington, Del., a cautious investigator, of enthusiastic yet not fanatical temperament, Dr. Gibbons may well be regarded as entitled to speak or write, as it were, ex-cathedra, upon this serious and interesting subject, and declare his conscientious convictions in no uncertain language.

But it is not only in parturition that rude artificial measures are so often resorted to. A multiplicity of uterine troubles and various affections and accidents of other parts of the generative system come in for a full share of the *nimia diligentia*, in the shape of numberless instruments and appliances, some of them, the pessary for example, so strangely and variously constructed that, as a president of the New Hampshire Medical Society once said in his address, they repre-

sented nearly everything, from a simple ring up, till they suggested the idea of a locomotive. In other cases the instruments are of such "ferocious mien" that the female of half a century ago would shrink from fright at the sight of them. Yet these instruments are in constant use upon the woman of the present day, and others are from time to time devised, and, *mirabile dictu*, the uterine and other troubles of the organs of generation increase in number and variety, *pari passu*, so that full scope is afforded for the use of instruments of any date. Fortunately, the elastic physique of woman, as Prof. N. Chapman half a century ago declared to his class, is capable of bearing more disease, suffering and drugging than the more rugged structure of man; and no experienced physician will differ from this opinion. Had the Professor lived in our time he would have had still more ground for his declaration; for if there be one portion of woman that, more than another, bears up under and recovers from rude treatment, it is the generative system. This statement, then, must serve as an answer to the following question, propounded not only within, but outside of the profession: "Has not the creative power failed in this portion of the organism of woman?" On the contrary, nature has endued the reproductive organs of the female, intended as they are for the preservation of the species, with exceptional powers of endurance and resistance; so that, as a rule and under usual favorable conditions, woman seldom fails in the accomplishment of that work to which she is specially destined. The paper, then, of Dr. Gibbons did not appear too soon; and it is to be hoped that other authors, lecturers and practitioners, may come to his support in this effort in behalf of a more conservative practice than now prevails.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINIC OF WILLIAM GOODELL, M.D.,

Professor of Clinical Gynæcology in the University of Pennsylvania.

Reported by CHARLES W. DULLES, M.D., Surgical Registrar to the University Hospital.

Uterine Polypi and Laceration of the Cervix Uteri.

GENTLEMEN—Our first patient to-day is a woman, 51 years of age, who has of late had hemorrhages from the womb that alarm her. What may be the cause of these it is at first hard to say. She may be at what is called the "dodging period," when there is often a good deal of blood lost at irregular intervals. This woman has had severe bleedings, and her face shows how these have drained her system. Now, the first thought that passes through my mind when I meet a patient like this, is of cancer. But this I know is not such a case. Next I think of fibroids. These, in white women about 40 years of age, often keep up the menstrual molimen and demand active interference. Polypi of the womb are another source of dangerous hemorrhages. And it is a curious fact that their danger is in no ratio to their size. Dr. Charles Locock had a woman bleed to death from a polypus no larger than a pea; and I remember a case of my own, where there was a frightful hemorrhage caused by one even smaller. These growths of the womb are usually cervical; they are often found dangling from the os uteri; they are not always easy to discover by digital examination, as they slide away from the finger and sometimes slip clear back into the uterus.

Here let me say a word about speculums. The ordinary Fergusson glass speculum is of little use in these cases. It closes up the os. You had better employ a duck-billed or bivalve speculum, which opens it, so that you may often see a polypus dangling from it. This is what I find here. The os is unusually open, too; more open than should be in a woman at her time of life.

In regard to the position occupied by polypi, they are usually three: 1st, are those that lie in the vagina, with a good long pedicle, and are easy to remove by twisting or by cutting off with a wire. 2d, are those that lie partly in the os, and partly in the vagina, like the clapper of a bell. You see how this one hangs, apparently inside, and yet, if you look, you can see that it projects a little below. 3d, are those entirely within the cavity of the womb.

The ease of removing polypi depends upon their position and size. I usually use a pair of fenestrated forceps. These I hold in my hand I would not exchange for many times their weight in gold, that is, if I could not get another pair just like them. You see how I have now grasped this growth with them, and with a twisting motion I tear it loose and bring it away. And now I find others, entirely inside the womb, which I must take away. We have considerable hemorrhage, and I mean now to remove with a curette some vegetations of the endometrium which I find have been excited by the presence of these tumors. Afterward, I explore the womb again. You might suppose I ought to be able with this instrument to tell if there be another polypus inside. Well, so I have often thought myself; but sometimes they elude me. Now, I shall not tease the patient any more, for I trust that I have taken away what was causing her bleeding, and that she will get well.

There is an unsettled question about these vegetations, as I call them, and which, in this case, are about the largest I have ever seen. If examined microscopically, they are found to be papillomata. But, whether they are benign or malignant? That is the question.

I shall now make an application of a saturated tincture of iodine to this womb, to stop the bleeding and to destroy some of the growths that I have probably crushed but not entirely removed.

And now you may ask "Is there any danger in using the curette?" I thought not till about three years ago. I then had a lady, about 70 years of age, who had bled a good deal and was thought to have a cancer. I curetted her, and she had an amelioration of her symptoms. After a year I was called again. On repeating the operation I found, after awhile, that my curette would go in much further than the length of the womb. Evidently I had scraped through its thin, old walls. Fortunately no ill effect followed, and the patient improved: but the next time she came to me I did not use the curette; I stuck to local applications. Yet you will find the curette the best instrument you can use. Only you must be careful how you use it.

Laceration of the Cervix Uteri.

This woman has all the symptoms of hysteria—nervousness, wandering pains, disturbance of temper and spirits. On examining her womb we find a lateral laceration of the cervix. The os is patulous and everted, so that its mucous membrane is rubbed by that of the vagina. In this way it is kept abraded, and the glands of Naboth are enlarged, so that they can be easily seen with the naked eye.

Now, gentlemen, this injury was received in childbirth. I know that, positively, in this case. You might say I should know it anyhow; that it could be got in no other way. Experience has, however, taught me differently; for I have seen cases of undoubted virgins where there was so much "ectropion" of the os uteri as to look exactly like this lesion. On the other hand, such a lesion is a very strong witness to a previous labor. Yet it is remarkable how stoutly some women will deny it. I have seen a number of them who have made such denials in the face of evidence that could not be contradicted; and perhaps you will remember a woman who was before us last winter, asserting emphatically that she was a virgin, on whom, nevertheless, we found, first, lineæ albicantes; second, a lacerated perineum, and finally a bilateral laceration of the cervix.

I will now do the operation devised by Emmet. In putting in the stitches you should always count and note how many there are, so as not to leave any behind when you undertake their removal. This is a slip that has been made before now. After closing up the stitches and sending the woman to bed, it is usually necessary to draw off the urine for from forty-eight to seventy-two hours, after which she may pass it herself. If the woman lies on her back, it is well to inject the vagina with carbolized water, to prevent the urine from doing injury to the line of union. If we succeed it will be by getting union by first intention. If we don't, our operation is a failure. The first forty-eight hours tell the story, but I know no operation more successful.

Editorial Department.

Periscope.

New Methods of Removing Intralaryngeal Growths.

To the two well-known methods of removing laryngeal growths, viz., the intralaryngeal operation, in which the growth is removed by various forms of knives, forceps, etc., through the mouth, with the aid of the laryngoscope, and the extralaryngeal operation, or thyrotomy, in which the thyroid cartilage is split in the middle line and the growth removed through the wound, Professor Rossbach, in the *Berliner Klinische Wochenschrift*, No. 5, 1880, adds a third. His operation is a subcutaneous one. Professor Rossbach states that it is easily and quickly performed, is almost painless, requiring no anæsthetic, is attended with the escape of only a drop or two of blood, and is quite devoid of danger; the wound, moreover, heals very rapidly, and requires no after treatment. A small, spear-pointed knife is introduced through the middle line of the thyroid cartilage, a little below the notch, and is pushed through the mucous membrane into the larynx. With the aid of the mirror the knife is then guided to the growth, and its pedicle or base cut through. After the first prick in the skin the patient experiences no further pain. He does not feel the entrance of the knife into the larynx, and its presence there causes neither coughing nor gulping. Should, however, any such spasmodic movements accidentally occur, the knife need not be withdrawn, but may be allowed to remain passively in the larynx, the handle being merely supported by the thumb and forefinger placed lightly on the thyroid cartilage, so that during the up and down movement of the larynx, the hand, knife, and cartilages move as one piece. With this precaution, wounding of the mucous membrane will be prevented. Professor Rossbach has operated by his method on two patients with entire success. He has also demonstrated, in a large number of experiments on animals, the ease with which the knife can be manipulated in the larynx when introduced subcutaneously. In this way, he states, he has removed, in animals, both vocal cords, and in one case has separated the whole of the mucous membrane from the interior of the larynx. Professor Rossbach was led to devise his operation in consequence of having failed to remove a polypus from a patient who could neither tolerate the presence of instruments in the larynx, when introduced in the intralaryngeal manner, even after months of practice, nor would submit to thyrotomy. The advantages of this operation in such cases he considers obvious. But he also thinks it preferable in a large number of cases usually treated in the intralaryngeal way, since it is more easily performed than the latter operation, and causes much less inconvenience to the patient.

In the same number of this journal another operation for removing laryngeal growths is described, which, however, is only a modification of what is generally known as subhyoid pharyngotomy.

Dr. Carl Langenbuch, after administering an anæsthetic, makes a transverse incision through the skin, between the hyoid bone and thyroid cartilage, separates the muscles from the hyoid bone, and cuts across the thyro-hyoid membrane, immediately above the upper border of the thyroid cartilage, and then makes a median incision through the three-cornered portion of the membrane which lies in the notch of the thyroid cartilage, continuing this incision, as he says, perhaps unnecessarily, through the upper third of the thyroid cartilage. He next divides the root of the epiglottis, and exposes the interior of the larynx by drawing the thyroid cartilage downward and forward by means of strong hooks, so that the growth can be removed through the wound. The operation is attended with but very slight hemorrhage. Dr. Langenbuch states that he has not found this operation described in the larger works on surgery; a similar method of opening the larynx was, however, employed by Professor Roser in 1851, when making some experiments upon animals.

Chian Turpentiae in the Treatmeat of Cancer.

The *Lancet*, for March 27th, 1880, contains a paper by Professor John Clay, of Birmingham, on "The Treatment of Cancer of the Female Generative Organs by a New Method." The remedy he uses is Chian turpentine, and, although his experience extends over a period of only twelve months, yet, from the results which have been obtained from its use during that time, the author asserts that an amount of relief has been secured to the patients put under its influence which has not been afforded by any other mode of treatment hitherto employed. In the first case in which it was tried it was given in doses of six grains, with four grains of flowers of sulphur, every four hours. The patient was 52 years of age, and suffered from scirrhous cancer of the body and fundus of the uterus. Hemorrhage was excessive, and pain in the back and abdomen agonizing, and the cancerous cachexia was well marked. The patient apparently had not long to live. The uterus was extensively destroyed by the cancer, and its cavity admitted three fingers. On the fourth day of treatment by the Chian turpentine the patient reported herself greatly relieved of the pain. The os was found quite contracted, hardly admitting the index finger, and the surrounding cancerous infiltration was much diminished. At the twelfth week examination was made, and the parts felt ragged and uneven, and did not bleed on roughly touching them. Several cicatricial spots were seen per speculum. There was no pain or hemorrhage, and the general health was improved. Other three cases are recorded in the paper, showing similar results from continued use of the drug, the os uteri speedily becoming contracted, and its tissues assuming a more natural and healthy condition. The author concludes that the best method of administration of the Chian turpentine is to give it uncombined; that its effects are more rapid and more marked when given alone. Whatever be the ultimate results of further experience of this drug, he believes there can be no doubt that in these diseases of the uterus it is a most valuable remedy. In the early stages of cancer, it may be affirmed that a speedy cure may undoubtedly be expected, while in advanced cases of the disease, if the surrounding structures are not too much involved in the destructive process, an ultimate cure may reasonably be hoped for.

The Treatment of Post-Partum Hemorrhage by Hot Water Injections.

Dr. Atthill, in the Annual Report of the Rotunda Hospital, published in the Dublin *Journal of Medical Science*, December 1879, writes, on this subject: "The use of hot water in the treatment of this complication was very frequently employed, both in the hospital and extern maternity, and has proved eminently satisfactory. It has, indeed, much to recommend it, for not only is it a powerful hæmostatic and excitant of uterine contraction, but it is also a general stimulant. If used with ordinary care it is not only harmless but beneficial, by thoroughly cleansing the uterus from clots, portions of membrane, etc., which may have been left in its cavity." It will not, in Dr. Athill's opinion, be found altogether to displace the use either of cold water or of the perchloride of iron, but rather to be applicable to a distinct class of cases in which the former of those remedies would be unsuitable, and the latter unnecessary. The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though one with a long vulcanite nozzle, specially constructed for vaginal and intra-uterine injection, is now used. This is carried up to the fundus, and, with the usual precautions against injecting air and securing a free return, water is injected as hot as can be conveniently borne by the hand, *i. e.*, about 112 deg. Fahr., in a full stream into the cavity, continuing this until a good contraction is secured, and the water returns quite clear and colorless. The following are some of the results of the experiences in the use of hot water. 1. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold. 2. Where, from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable. 3. In nervous, depressed, and anæmic women, hot water may at once be injected without previously using cold. 4. In cases of abortion, where, from uterine inertia, the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results. 5. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly into contact with the bleeding surface, and lessening the chance of septic absorption.

A Remarkable Case of Hermaphrodism.

The St. Louis *Medical Journal*, May 20th, 1880, contains a report of the following curious case, as related by Dr. Gregory at a recent meeting of the St. Louis Medical Society:—

I saw to-day another case of which I have never seen a counterpart. A person, nineteen years of age, presented himself at my office—a handsome person, with the configuration of a man, and having a beard. Upon examination, I found he had a perfect vagina and female urethra; the labia, internal and external, perfectly formed, and a diminutive organ corresponding precisely to the anatomy and occupying the site of the clitoris and projecting out beyond, so that I supposed it was about the size of my thumb. It was erectile when I examined it, and I think it was about as long as my thumb. The glans penis was perfectly formed but the meatus was wanting, and the corpus cavernosum was wanting. There was a notch corresponding with the meatus, and upon pressing this back under the pubis the urethra was easily made out. There was nothing like a uterus, and the vagina terminated about three inches from the surface in a seeming cul-de-sac, so that the finger in the rectum could easily feel the catheter in the bladder, showing that there was no uterus between the finger and the instrument. There was no bloody flux—no menstruation. No development of the breast; no testis, that could be found. He has precisely the feelings of a man, and has experienced the orgasm occasionally, and has been guilty of self-pollution. He is anxious to get married, and the question was very pertinently asked whether he proposed marrying a man or a woman. I told him I could not advise him to get married. He asked me if I thought there was any danger of his transmitting his peculiarity to his progeny, and I told him I thought there was some danger, because I really thought it was my duty to dissuade him, and it was a question whether he could not be much more readily converted into a woman than into a man, because the removal of this rudimentary penis would leave him, so far as appearances go, a perfect female. The labia were perfect, and it is remarkable that while he has precisely the general configuration of a male, with local appearance of a female, he is a handsome man, and has a beard and a voice like a male.

Restoration after the Hand is Completely Separated from the Arm.

L. L. Staton, M.D., Tarborough, N. C., writes, in the *North Carolina Medical Journal* for May, 1880—

On Friday afternoon, February 5th, 1880, I was called to see Mary Sumlin, a white girl, aged eleven years, quite anæmic and rather small for one of her age. While helping her mother to procure firewood she placed her hand in the way of an axe, and at one blow had it severed from the styloid process, diagonally across the trapezium, passing through the scaphoid bone and posterior annular ligament, *dividing all the muscles, bones and blood vessels, and completely separating the hand from the arm*, excepting a small portion of skin below the articulation with the ulna. The hand was hanging at right angles to the arm when I saw her, about thirty minutes after the accident.

I determined at once upon amputation at the joint above, the wrist, so returned to my office, a distance of half a mile, to procure the assistance of another physician; but finding this impracticable, I proceeded carefully to replace the hand, which was held securely in position with silver wire sutures and adhesive plaster.

In dressing the wound the patient complained of pain when I used the needle in the arm, but none when it was used in the hand.

I secured the hand and arm upon a broad splint and directed that they be kept warm by being wrapped in hot flannel cloths.

I saw her twelve hours afterward; the hand was very much swollen; no sensation or pulsation could be detected, nor had she complained of any pain, but rested quietly during the night.

Saw her the next day; she now complained of a little pain, but the hand and arm presented the same appearance as yesterday.

Saw her upon the third day; could now plainly feel pulsation in the hand; it had changed its color, and I now, for the first time, thought it possible to save the hand. From this time she did not have a bad symptom, nor was there any suppuration or secretions of any kind; the wound healed entirely by first intention.

I removed the sutures upon the fourteenth day, and afterward she carried the hand in a sling, and is now able to extend the fingers and grasp with nearly the usual strength. There is no anchylosis of the wrist joint, as I expected.

Acute Phthisis in a Dog, from Direct Contagion.

D. H. Gullimore, M.R.Q.C.P., reports the following case in the *British Medical Journal*, May 22d, 1880:—

About six years ago, when I was acting as Residency Surgeon at Mandalay, a Bengalee servant, suffering from advanced pulmonary consumption, with copious expectoration, came under my notice. One of my dogs—a pariah—developing his natural talents as a scavenger, was, as I afterward learned, in the habit of frequently visiting the house of the sick man, and lapping up the expectorated matter. How long this had been going on I cannot with certainty say; but a few days after the death of the man the dog appeared out of sorts, refused his food, rapidly emaciated, had a cough, which increased quickly in severity, and was attended later on with a tenacious and glairy discharge from the mouth and nose. The stethoscope detected moist *râles*, with rhonchus and sibilus over a greater part of the chest. These symptoms continued to grow worse for a week or ten days, when convulsive fits of about five minutes' duration, and occurring several times in the course of the day, made their appearance. These fits were of an epileptiform or tetanic character. The poor animal moaned a good deal and appeared in great pain as he lay on his back reeling and kicking about. On the second day from the commencement of the fits, and about the twelfth from the beginning of the disease, there

being but little hope of recovery, a large dose of prussic acid was given, which speedily proved fatal.

The post-mortem inspection was limited to the contents of the skull and the chest, as these were the parts supposed to be more prominently diseased, and in both were found lesions to account for the symptoms during life, and their probable cause. Both pleuræ were adherent, the adhesions being recent; and the lungs were studded with softened patches, in varying stages of caseous degeneration, many of them containing muco-purulent matter, with which the minute and larger bronchi were also clogged. I did not notice the state of the bronchial glands. The brain did not show much signs of disease, and nothing similar to what existed in the lung. The membranes appeared thickened and congested, and on cutting them a good-deal of serum exuded; there were no tubercular or cheesy deposits; the whole mass was uniform, and appeared softish, but I had no previous experience of the canine brain, and cannot speak with certainty.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We acknowledge the receipt of Dr. G. Beck's *Therapeutischer Almanach* for 1880.

——We have just received the Announcement of the Medical Department of the University of Pennsylvania for the one hundred and fifteenth annual session, 1880–1881; and also the Second Annual Announcement of the Arkansas University Medical Department, session 1880–1881.

——"Interpretations of the Structure and Function of the Kidney," by Andrew W. Smith, M.D., of New Orleans, La., reported by John Gamgee, has been sent us in a neat pamphlet form, reprinted from the New Orleans *Medical and Surgical Journal* for May, 1880.

——We acknowledge the receipt of the First Biennial Report of the Department of Diseases of the Eye at the Central Free Dispensary of the District of Columbia, 512 and 514 Sixth Street, Washington, D. C., by Dr. Swan M. Burnett, Surgeon in charge; and also the Report of the Board of Managers of the Pennsylvania Hospital, together with the accounts of the Treasurer and Stewards.

——*Quarterly Epitome of Medicine and Surgery*, is the name of a new journal published by W. A. Townsend, New York, being an American supplement to "Braithwaite's Retrospect." The first number, of 160 pages, contains abstracts of articles from various journals, and we find every department of medicine and surgery is well represented. Subscription price $2.50 a year, in advance; quarterly parts 75 cents.

BOOK NOTICES.

Water Analysis for Sanitary Purposes. With Hints for the Interpretation of Results. By E. Frankland, PH.D., D.C.L., F.R.S., Vice-President of the Institute of Chemistry of Great Britain and Ireland, Professor of Chemistry in the Science Schools, South Kensington, etc. Philadelphia, Presley Blakiston, 1012 Walnut Street, 1880. Cloth, 12mo, pp. 149. Price $1.00.

After a brief introduction, in which complete and partial analyses of potable water, together with determinations, necessary and unnecessary, for sanitary purposes, are discussed in a general way, and directions for the collection of samples of drinking water for analysis are given, the author proceeds to the description of the various methods of water analysis, taking up first "Water Analysis without Gas Apparatus," and then "Water Analysis Requiring Gas Apparatus," which descriptions take up the first 107 pages of the book. To this is added an Appendix containing a list of the reagents necessary, together with various tables, and the "Conclusions and Recommendations of the Rivers Pollution Commissioners, with Standards of Purity Recommended by the Same." The work is one which physicians practicing in the country and in villages and towns remote from medical centres cannot afford to be without.

The Black Arts in Medicine, with Anniversary Ad-dress, by John D. Jackson, A.M., M.D. Edited by L. S. McMurtry, A.M., M.D. Cincinnati, Robert Clarke & Co., 1880.

This is a neat little volume of seventy-four pages, containing a very suggestive and amusing letter from Dr. Solomon Machiavelli Sharpe, A.B., A.M., M.D., etc., who is "a successful doctor, retired after a forty years' practice," to his nephew, John Charlatan Greene, M.D., a young physician, just entering upon his professional duties. The letter is replete with excellent advice as to the best method of gaining a large practice, "by fair means and foul," and yet retaining a place among the members of the regular profession. A very able anniversary address before the Boyle County (Ky.) Medical Society, delivered January 5th, 1869, has also been added. The book is very entertaining.

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THE VIABILITY OF RACES.

The vitality, or rather, viability, of races of men appears to differ as much as it does in individuals. The influence which this has exerted on the history of the world has not yet been estimated; what it may exert in the future cannot be guessed. It is one of the great factors in universal history, as it is one of the great problems to the sanitarian.

The potency of life does not bear a direct ratio to the intellectual activity of a race, or even to its physical energy in its individual aspect. Certain races not highly gifted in these respects persist and increase under unfavorable circumstances, while others, quite distinguished at one period, disappear at a later one.

Among the races of least viability appears to be the Papuan stem, whose branches inhabit the islands of the Australasian Archipelago, and the mixed Malayan race who people the islands of the South Sea. The natives of Tasmania, once well populated, have died out to the last man; those of Australia are disappearing with equal rapidity; the sturdy and warlike New Zealanders fare no better; while in the Sandwich Islands and other Pacific groups the native population dwindles year by year, although Christianized and civilized.

Whether the aboriginal race of the United States has actually diminished in number has lately been called in question. A well known student of Indian life has marshaled a number of plausible arguments to show that the natives were greatly over-estimated by the early explorers, and that they have not decreased, at least since a careful enumeration of them from time to time has begun. Certain it is, however, that whole tribes of them have perished; scores of languages of which the early writers collected fragments are not now spoken by a single living representative; extensive nations have vanished into nothingness. They too, we believe, are a race devoid of viability.

Many causes have been assigned by medical observers and philanthropists for these instances of national extinction. The introduction of new diseases, the consumption of alcohol, the use of weapons of a more deadly character, the discouragement which a strange and powerful civilization impressed on them, all these have doubtless been active agents. But the radical cause was their inferior vital energy. This is proved by the fact that other races have met unharmed all these deteriorating agencies. Take the African Negro. He has been subjected to them all, without any disastrous effect. Even under the severe conditions of slavery he has steadily increased, wherever the climate was warm. The limit to the progress of the colored race is, however, sharply defined. North of the 40th parallel, in the United States, its members regularly diminish. Their mortality is mainly attributable to pulmonary affections, to which they are far more prone than whites. Even in Alabama and Georgia the deaths from diseases of the respiratory organs are over forty per cent. of the total, which is nearly double that of the whites from the same class of diseases.

The two races of the greatest viability—if we leave out of consideration the Chinese, whose introduction into distant lands has been too re-

cent to furnish exact data—are the Latin and Anglo-Saxon branches of the great Aryan stem. The strong impress of ancestral conditions render the Latin race active in warmer climes, but of little power to resist the cold of high latitudes; while in all their numerous colonies the Anglo-Saxon race has succeeded markedly only in the limits of the temperate zone.

There are few subjects more attractive to the physician of philosophical mind than the investigation of such problems as are here presented. As the preservation of life and the cultivation of vitality are his special aims, he here sees these presented in their broadest aspects. On what physical peculiarities, what hereditary powers, what mental habits this race viability depends is an inquiry he can turn to with infinite zest, and the promise of large profit. Were it solved, we could read history with different eyes, and have the future of the world mapped out before us.

The attempts of the thoughtful Draper and the ingenious Buckle, to bring history under the control of physical laws, were meritorious but incomplete. Both looked too much at the mere environment, too little at man himself; he can never be understood, his story can never be rightly written, until his duplicate nature is allowed and accounted for.

PHYSICIAN AND DRUGGIST.

There appears to exist at the present time somewhat of a misapprehension of the true relations of the physician and the compounder of drugs. Druggists do not object to the title of doctor from the public; and we hear very much, of late, of the two (!) professions, medicine and pharmacy; mentioned as if upon the same footing and equal in their claims to public consideration; whereas, in truth, pharmacy is not a distinct profession, but is merely a department of medical science; a just estimate of its importance will not be obtained if this fundamental fact be forgotten.

At an early stage of the evolution of the medical practitioner, as every one knows, he compounded his own prescriptions and delivered them himself. Indeed, this is still the case in many sparsely settled communities. Experience, however, taught that the compounding of medicines consumed valuable time, and retarded the advance of the art; while, with enhanced skill came more engrossing practice as the community increased in size, so that the mixing of drugs was at first partially, and then completely, entrusted by the doctor to his student or clerk. A demand was thus set up for qualified assistants, as the art of prescribing became more developed, and the nice manipulations of pharmacy cultivated. Finally the qualified assistant opened a central shop, for the convenience of several physicians, and took apprentices of his own. Thus the prescription clerk became the apothecary, as he now exists in every large town and city in the country. Thus far we recognize everything as legitimate, right and proper. The functions of physician and pharmacist correspond but do not conflict; it is due to this division of labor that the medical profession has been relieved of a burden, and that an additional guarantee is obtained for the purity of drugs. It may also be claimed that an extra safeguard is obtained against mistakes in writing prescriptions; but as apothecaries can lay no more claim to infallibility than physicians, it is not impossible that this is counterbalanced by the possibility of errors in compounding, which are not entirely unknown to the community. So far, however, we claim a legitimate sphere for the pharmacist, the ally of the physician.

But what if the pharmacist become the rival of the practitioner? What if the prescription of a physician be repeatedly renewed, without authority, until such a trade is established for it that it is sold in large quantities, and is converted into a proprietary medicine owned by the druggist? What if patent medicines be exhibited, guaranteeing cures for maladies that the honest physician is obliged to declare incurable? What if the druggist boldly assume the rôle of physician, and prescribe over the counter, thus building up a large office practice? What if the said druggist, without any authority to practice medicine, surreptitiously prescribe for delirium tremens, and visit cases of croup, in active competition with neighboring physicians? And

yet it is no secret that these things and more are done every day, and in Philadelphia.

It has been said that there are over seven hundred drug stores in this city; that not one of them would be able to pay its expenses if confined to its legitimate business of compounding prescriptions. It is alarming to contemplate the vast amount of trashy proprietary medicines that are sold in this community, in order to make a living for the large excess of druggists. Scarcely a single store is free from the opprobrium of counter prescribing. In the minds of many it is high time that, in the best interests of the community, as well as of the profession, some remedy should be adopted for these growing evils. Drug stores must be established, where no patent medicines are sold, and where the pharmacist shall respect his calling as well as that of the physician. If druggists will not do this, our leading physicians will, in self-defence, establish central offices of this kind, which shall be kept fully under the control of the profession.

As an aid to medical practice, pharmacy has a legitimate claim to recognition and respect; but when the druggist becomes the antagonist and rival to the physician his fate it is not difficult to foretell. He may flourish for a time, like the bay tree, but his end will be destruction. Rather than weakly submit to such gross abuse of trust and unfair competition, the medical profession will reluctantly resume its former function, and every doctor be his own druggist.

Notes and Comments.

Therapeutical Notes.

QUININE OINTMENT IN MALARIAL FEVER.

Dr. John Shrady, of New York, employs with success the following method in the case of children where great irritability of the stomach exists, and where the internal administration of quinine is otherwise contra-indicated:—

Denude the cuticle at the epigastrium by means of a blister, of the size of half a dollar, and then apply the following:—

℞. Sulph. quiniæ, ℥j
Cerat. simpl., ℥j. M.

Sig.—Spread on lint and renew the dressing morning and night.

He has in this way obtained the characteristic effects of the salts, as indicated by the decline in temperature and the abbreviation of the paroxysms of fever. As the surface of the sore ceases to be absorbing after the third day, a repetition of the process in the immediate neighborhood may be, although rarely, necessary.

THE LOCAL APPLICATION OF WARM VINEGAR AND MULLEIN IN SCIATICA.

Dr. John P. F. Brunner, of Stine's Corner, Lehigh Co., Pa., writes to the *Journal of Materia Medica*, that the local application of mullein (*Verbascum Thapsus*) leaves, dipped in warm water and placed along the course of the sciatic nerve and around the joints of the affected limb, was followed by immediate relief in a case of sciatica after other remedies had failed.

Neurasthenia.

The London *Medical Record* informs us that Dr. Stretch Dowse recently read a paper at the Medical Society of London, on neurasthenia of the brain and spinal cord. He stated that Dr. Beard, of New York, was the first physician who drew the especial attention of the profession to the sign and symptoms of this disease, and that Erb, in Ziemssen's *Cyclopœdia of Medicine*, Vol. XIII, had devoted a special chapter to what he called neurasthenia of the spinal cord. Dr. Dowse remarked that for many years he discarded the term neurasthenia, for the reason that when he was in the midst of pathological work he thought that the term was vague and unscientific, and he expected that the scalpel and the microscope would reveal the cause of any arrest of nervous function; but he had grown wiser in this respect, and he now thought that the term neurasthenia was applicable to a large number of nervous derangements. Sleep was due to nervous exhaustion, consequent upon an arrest of function in the hemispheres of the brain, and during this temporary arrest of function the trophic or nutritive elements of the brain were still actively employed, and the cells of the brain were being recharged with nutritive pabulum in the form of bioplasm. In the consideration of the asthenic or exhausted state of the nervous system, we had to find out whether the arrest of nervous energy was vital and general, or whether it was local and circumscribed. And the former condition was seen and illustrated during the course of many acute diseases, but in none so vividly as in diphtheria, where the patient, as a rule, died from exhaustion of the nervous centres, which gave motor power to the walls of the heart. Dr. Dowse said that in

the inorganic world matter and energy were indissolubly associated; that we knew of matter only through the transformation of energy, and that we recognized energy only through its affections of matter; that matter and energy were more or less strongly united according to their power of resistance, and so it was in the organic world. Life and vitality were, according to Sir W. Gull, a correlation of energies or forces. Dr. Dowse stated that the brain, and consequently every individual cell of which the brain was composed, was a factor as well as a nidus for the conservation of energy. Molecular displacement in the nerve centres meant the exercise of disruptive energy, which led to a failure in the power of resistance, a diminution of vitality, a lowering of tension, a decrease of tone, and an exhaustion of the nervous system; in fact, an arrest of function and molecular inertia. He said that the energy or force with which a nerve cell is specially endowed may be divided into three parts: first, the active, or floating, or automatic energy; second, the complementary energy; and third, the residual or latent energy. He had little doubt that most functional troubles of the nervous system were due to the want of an equable development of stable energy, which resulted from abnormal molecular interchange, inducing defective correlative integrity of certain individual cells or groups of cells. Dr. Bence Jones held the view that death consisted in the stoppage of the conversion of latent force into active force, caused by some arrest of action in the heart, lungs, or brain. Heat and energy are the result of molecular motion; vitality is co-existent and absolutely dependent upon motion. The energy dependent upon either physical or vital motion becomes expended and finally exhausted; and the great problem which practitioners of medicine had to solve was, "In what manner can we best determine that amount of conservative energy in our bodies which shall render the supply of nerve force equivalent to the demand?" Man's power of health, or, in other words, his resisting power to overcome the exhausting influences which surround him in almost every sphere of life, is due and in proportion to the inherent power possessed by his nervous centres to conserve those forces which correlatively make up his vitality. Dr. Dowse then went on to the consideration of the differential diagnosis between neurastheniæ of the nervous system, which for years remained a mere functional affection, and neurastheniæ which were due to intractable arrest of development in the nerve cells, and which led on to defective nutrition of the nervous centres, and ultimately to organic disease; such, for instance, as were found to be associated with some forms of mental derangement, and with many forms of paralysis. He stated it to be his firm belief that many of the incurable cases of insanity, locomotor ataxy, progressive muscular atrophy, and many other diseases of the brain and nervous system, commenced as a neurasthenia of the nervous centres, and when in this state, such conditions were quite amenable to treatment. Dr. Dowse then reviewed the signs and symptoms, bodily and mental, of an exhaustion of the brain and spinal cord, drawing attention to the effects produced by overwork and worry, and he lastly considered the treatment of this disease. In this question he quite agreed with Dr. Beard, that there was no routine plan for treatment in these cases. Each case must be studied closely and carefully by itself. Iron and quinine were much less valuable than other drugs, such as arsenic, phosphorus and strychnine. Dr. Dowse was not in agreement with many observers concerning the value of either galvanism or faradization; for in his hands, although it never failed to give great relief during its application, and it may be for some hours after, yet the good effects soon wore off, and left the patient no better than before its application. He said that the drug upon which he chiefly relied was opium—the pure watery extract of opium—in doses of a quarter of a grain three or four times a day. In certain cases it acted like a charm; it excited and stimulated for a short time the brain cells, and then left them in a state of tranquillity which was best adapted to their nutrition and repair. He concluded his paper by referring to the benefit of proper feeding, and the judicious use of stimulants, travel, and rest.

Pathological Condition of the Spinal Cord in Phosphorus Poisoning.

Dr. Danillo, after observing that little has been done with reference to the influence of phosphorus poisoning on the spinal cord, furnishes an account in *St. Petersburg. Med. Woch.*, May 8th, of the results of a series of experiments which he has performed in Prof. Mierzejewski's laboratory by administering large doses of phosphorus to dogs. He describes at length the appearance of the spinal cord, and thus sums up the results of his investigations: 1. Large doses of phosphorus, given at short intervals, induce acute parenchymatous myelitis, with massing of pigment and extravasations of blood. 2. Continued for a longer time in smaller doses, it gives rise

to myelitis centralis in all its stages. 3. According to the dose of phosphorus exhibited, myelitis of different degrees of intensity may be produced. 4. In phosphorus poisoning a large amount of pigment formation takes place—a fact which no one has hitherto recorded. 5. As myelitis can be produced by phosphorus, it becomes highly probable that a portion of the complex nervous symptoms which poisoning by this substance gives rise to may be the clinical expression of the myelitis which has been induced.

Pneumonia with Cerebral Shock.

Dr. C. Bareggi, in *Gazetta degli Ospitali*, No. 58, gives the history and post-mortem appearances of a case in which a patient, suffering from pneumonia in its first stage, precipitated himself from a balcony, thereby inducing concussion of the brain, and death within eighteen days. Examination of the encephalon after death showed that there had been no fracture of the skull nor rupture of the dura mater. The superior portion of both cerebral peduncles was extensively softened; the left lateral sinus contained a fibrous coagulum, but the superficies of both hemispheres were apparently normal, both as regards color and consistence. In the medullary substance of the right posterior lobe of the cerebrum there were numerous spots of capillary hemorrhage, together with similar, but more sparsely occurring, foci in the left hemisphere of the cerebellum, between its external layers and the corpus rhomboideum. The corpus callosum in its totality, the septum lucidum, and the gray commisural substance of the optic thalami were softened, and "literally riddled" with hemorrhagic foci. The corpora quadrigemina and the floor of the fourth ventricle had also shared in the softening proecss. Many puncta cruenta existed in the left corpus striatum, the cerebellar peduncles and the bulb. The two latter of these were of normal consistence. The right lung was in a state of red hepatization, merging into gray at the apex. In commenting on the above appearances, the author remarks that, during the time which elapsed between the date of the injury and the patient's death, three symptoms were peculiarly conspicuous, viz., loss of consciousness and voluntary movement, epileptiform convulsions, best marked on the right side, and hyperæmia of the skin, with generalized high temperature and profuse diaphoresis. The first of these he considers satisfactorily accounted for by the lesions found in the cerebral peduncles, which were sufficient to destroy all power of conduction; the second, after considering various hypotheses and possibilities, he thinks to be best explained by the hemorrhages found in the medullary substance of the left hemisphere of the cerebellum, which must have been potent causes of irritation to the nerve tubules immediately around them. In the absence of any apparent lesion of the sympathetic system, the third symptom was probably due to commotion of the vaso motor centres. These the author locates on the floor of the fourth ventricle, four or five millimeters from the tubercula quadrigemina, in the protuberance, and in the cerebellum; parts which indirectly shared in the injury, and are actually found after death to be more .or less congested. As regards the deeper-seated injuries and changes observed, such as the capillary hemorrhages, etc., when not the direct consequences of the mechanical shock, as no doubt they were in the left corpus striatum and left hemisphere, the author considers them due to the violent passage of a wave of cerebro-spinal fluid through the channels of communication which exist between the various portions of the encephalon.

Excision of Tuberculous Joints.

We learn, from the *Medical Times and Gazette*, May 22d, 1880, that at the recent meeting of the German Surgical Society, at Berlin, Prof. König read a paper "On the Results of Excision of Tuberculous Joints under the Antiseptic System." The number of excisions was 117, viz., 43 of the knee, 25 of the foot, 21 of the hip, and 28 of the upper extremity. Of these 74 were cured, but in only four instances by primary union; in the others either fistulæ remained or were formed at the end of several weeks. In 66 of these cases it was found, after periods from six months to two years, that complete healing had not taken place. In 18 of the 117 cases the wound remained tuberculous, and 25 terminated fatally, death resulting in two cases from "acute carbolismus," in 2 from sepsis, in 2 from tetanus, and in 18 from tuberculosis. According to König's four years' experience with the antiseptic procedure, 21.6 per cent of the cases had already died or were suffering from general tuberculosis, a result nearly approaching that of Billroth's sixteen years' practice, which was attended with a mortality of 27 per cent. Prof. Esmarch's experience led him to the same conclusion, that the antiseptic procedure did not do much to save life in diseases of the joints, but he suggested that an earlier resort to the operation would be attended with better results; but Prof. König stated that, according to his experience, this did not influence the result.

Effects of Belladonna in a Case of Heart Disease Complicated with Disease of the Kidneys.

The *British Medical Journal*, for May 29th, 1880, contains a brief report by Dr. Michie of the case of a woman, aged seventy, suffering from enlarged heart, with slight mitral regurgitation and chronic kidney disease, probably large white kidney. There was anasarca over all the body, and there was also ascites. The breathing was much oppressed, especially toward two or three in the morning, when she had to be raised up in bed and have all doors and windows opened, to prevent impending suffocation. After the ordinary treatment, including stimulants, diaphoretics, diuretics, purgatives, cardiac tonics, with counter-irritants, fomentations, leeches, and dry cupping, had been tried for three months, with little or no effect, a belladonna plaster (nine inches by six) was applied over the heart, and this entirely relieved the difficulty of breathing in five or six days; the anasarca disappeared, the abdominal organs and lungs appeared to regain their normal condition, she relished her food, and could sleep eight hours at a time without being raised up in bed. The improvement continued for about twenty-one days, when, from over exertion, she fell into a comatose condition, and died a few days afterward, in a state of muttering delirium.

Humanity in Hanging.

The *Lancet*, May 22d, 1880, remarks that society prides itself on being humane, even in its most vindictive moods. It would not needlessly, still less wantonly, prolong the torture of a criminal dying at its hands. In the extremest severity of justice it would remember mercy. It can, therefore, only be necessary to point out to those in authority, and even to the common hangman, that by lengthening the rope by which a malefactor is to be strangled, in order to give him a "long drop" and thereby accomplish what is erroneously called "instantaneous death," a new horror may be introduced into the act of execution. An appreciable time, which may seem an eternity, is occupied in the act of falling. We know, by the study of dreams, and the recollections of persons who have been half drowned, or stood for a moment face to face with death in one of his most appalling forms, how much may *seem* to happen in an instant! What torture may not the criminal experience falling some nine feet with a rope round his neck? We recognize the aim of the executioner, and approve it; but there is an obvious limit to the pursuit of one humane purpose at the risk of creating an evil worse than that it is desired to remedy.

Arsenic in Albuminuria.

According to Bouchardat, Semnola advises, in *Lyon Méd.*, the use of granules of arsenious acid in Bright's disease, and when the milk treatment is in force he begins the administration of the medicine with the return to a meat diet.

Prof. Jaccoud has observed that arsenic facilitates the absorption of the albuminoids, and the researches of Brunton appear to confirm this view. The latter has found that in certain cases the absorption of albuminoid matter by the intestine is a cause of albuminuria of an intermittent character, and therefore, that in digestion the utility of arsenic is demonstrated.

Correspondence.

Ergot in Ante-Partum Hemorrhage.

Ed. Med. and Surg. Reporter:—

In the issue of your medical journal for May 22d, 1880, I saw a communication from Dr. Nye, on "Ergot in Ante-partum Hemorrhage Caused by Separation of the Placenta from its Uterine Attachments," which brings to my mind two cases that I have had of that nature in the past three years. As they may be of interest to the profession I will give a synopsis of them. One reason why I value the Medical and Surgical Reporter is because of the nature of its contents, which are of importance, not only to the professor and lecturer in the great medical colleges and large cities, but to the general practitioner in the remotest region of the country. I prize a journal most that gives me information on subjects which I cannot get from my text books, that is, clinical reports of diseases and their treatment. We want the experience of the profession, as brief as is consistent with the nature of the subject.

The two cases which I referred to were treated with fluid extract of ergot alone, in the first instance, and ergot combined with tinct. opium in the second. If I will not be taking too much space in your esteemed journal, I will give a short account of the cases and their treatment.

Case 1.—Mrs. G., mother of several children, called me, for the reason that she had become alarmed on account of periodical attacks of hemorrhage, apparently from the uterine cavity. She being now in the seventh month of pregnancy and suffering from bleeding, which had continued more or less since the fifth month, at once excited my interest in her case. I suspected that it was an instance of placenta prævia, but vaginal examination did not reveal anything, as the os uteri was not sufficiently open to admit of the introduction of my finger. I knew that in all probability I had either placenta previa or a partial detachment of the placenta from the uterine parietes. The patient had worked hard, and yet

had no knowledge or remembrance of injuring herself in any way. She was not suffering much from pain at the time I saw her, but was pretty weak. I at once placed her in bed, in the usual position for cases of hemorrhage, and requested her to stay in that posture for a few days. I prescribed cool drinks and fluid extract of ergot, in twenty-drop doses, every four hours. She improved, the hemorrhage stopping in a short time, and the patient was allowed to be around the house, but prohibited from lifting or being long on her feet, until after confinement. About the eighth month of pregnancy she had another and very severe attack of hemorrhage, the bleeding being very profuse.

It is well for me to say that the medicine had been continued only about one-half the time since I first saw the patient. She was again placed in the recumbent position and the same treatment instituted, in half-drachm doses, however, every four hours. Examination per vaginam now disclosed to me the fact that I had not placenta prævia to deal with, as the os was sufficiently open for me to ascertain that. From this time on, until the middle of the eighth month, the bleeding did not entirely cease, but was not at any time so profuse that I deemed it necessary to resort to the vaginal tampon. About this period Dr. W. saw the case with me and concurred in the diagnosis (as probably one of detached placenta), and advised continuance of treatment. Almost any time now I expected to be called upon to assist her in labor. I saw the patient as often as I could, being quite a distance away, and requested some of the family to be in readiness to call me if pains came on. Not long after I was hastily summoned to see her, early in the morning, the messenger stating that Mrs. G., was very low, and that they wanted me right away. I certainly was very expeditious, and when I arrived at the bedside of the patient was very much surprised and gratified to find her in a very good condition, and the child not only born but the placenta also delivered, and no hemorrhage now. The babe was very feeble and small, weighing only two and a half pounds, but lived, and is now a strong and healthy child, and I have lately treated it for a large nævus on the abdomen.

The patient recovered without any trouble. I attribute the successful result to the effect which the ergot produced on the uterine sinuses, in closing them, and in exerting a continuous pressure on the contents of the uterus, so as to prevent the loss of any large amount of blood. When the critical moment came for the expulsion, the uterus throwing off the child and placenta at the same time is evidence to me that the contraction was strong and steady. Examination of the placenta at the time showed very plainly where the detachment had taken place—near the circumference—so there could not have been any cessation of the hemorrhage, except from uterine pressure, etc.

Case 2.—Mr. C. sent for me to meet Dr. B. in consultation, as his wife was in a very critical condition. I found the lady almost bloodless when I arrived. The doctor stated that he came to the bedside of the patient about six hours previous to my arrival, and found her flowing very bad, and seeing the alarming condition of the patient, and believing that she could not possibly survive the delivery of the child, sent immediately for me. And as he had neither ergot nor obstetric forceps with him, the messenger asked me to come as soon as possible. The patient was placed in the most favorable position to check hemorrhage, and as the doctor had made a vaginal examination and could not reach the os uteri, and therefore, could not ascertain the position of the fœtus, or condition of the mouth of the womb, and as the bleeding continued, we concluded to place her on drachm doses of fluid extract of ergot, giving two doses in half an hour, and also one drachm dose of tinct. opium. After waiting about half an hour, I found that there was some contraction, which could be felt through the abdominal walls. Dr. B. administered ether very sparingly, as we did not deem it advisable, in the almost unconscious condition of the patient, to give the anæsthetic in sufficient strength to produce insensibility; so we only pushed it far enough to get its stimulating effects. I then proceeded to extract the child and placenta. I supposed that in all probability the babe was dead. On introducing my hand I was surprised to find that I could not easily touch the os, but after a prolonged effort, succeeded, after making considerable pressure externally, in ascertaining that the presentation was a dorsal one, or that the child was lying crosswise in the uterus. I carefully changed the position, and rapidly as consistent with the condition of the lady, and the danger of the uterus not following by contraction the receding contents, delivered the patient by podalic version. The placenta came into my hands before the fœtus, which I account for by the fact that it had become detached several days previous over its entire surface, and during the operation of turning was pushed out of the womb, the decomposed fœtus immediately following. It certainly would have been sure death to the patient to have turned and delivered the child in the inert condition of the uterus, without giving something to bring into action the then powerless organ, but by administering ergot in sufficient dose at once, and using the tampon, as we did while waiting for its action, we were able to avert an apparently fatal termination, and to save a valuable life. The lady is now in very good health.

I never respond to a call in a case of pregnancy or labor without my bottle of fluid extract of ergot and obstetric forceps; in fact, I always carry ergot with me when going out of the village, as I make use of it in most cases of hemorrhage. G. H. Lathrop, M.D.

Wurtsboro, N. S., June 8th, 1880.

News and Miscellany.

Items.

Correction.—In the proceedings of the Pennsylvania State Medical Society, on page 494, second column, Northampton county is reported among the counties which had not appointed a Board of Medical Examiners to examine students on preliminary studies. We have

been requested to correct the same, as said county has a Board of Examiners.

The following errors occurred in the printing of Dr. W. O. Stillman's article on "The Mineral Springs of Saratoga": On page 416, second column, seventh line from bottom, for murinted read *mineral*. On next line, and also on page 448, first column, twelfth line from bottom, for Hathom read *Hathorn*. On same page, second column, 7th line from top, for dietetic read *diathetic*.

—There are, according to the Chicago *Medical Gazette*, in the State of Illinois, 4850 exponents of the healing art, of whom 3346 are physicians, 456 are eclectics, 437 are homœopaths, 37 are "fizzle-o-medicals," and 374 are "go as you please" prescribers.

A Calculating Boy.

The *British Medical Journal*, May 22d, 1880, informs us that at the last meeting of the Anthropological Society M. Broca exhibited a human phenomenon in the person of a young lad, aged 11, a Piedmontese, named Jacques Inaudi. He left his native place a short time ago, and in company with a monkey, he earned his livelihood by begging. When his appeals in the ordinary way were not attended to, he offered to solve mentally in a few minutes, and without any assistance of any kind, the most difficult problems in arithmetic. He was often put to the test, and during his sojourn at Marseilles, a gentleman to whom he had appealed for charity was so astounded with the lad's gift of calculation, that he was induced to bring him to Paris as a curiosity. When M. Broca presented him to the Society, he gave him verbally a sum in multiplication, composed of some trillions to be multiplied by billions. This he accomplished in less than ten minutes, mentally and without any aid whatever, in presence of the members, who were all struck with wonderment. The lad is far from intelligent in other respects, and can neither read nor write; and the most curious feature of his method of calculation is, that he proceeds from left to right, instead of from right to left. He is of the ordinary stature of his age; but his head is rather large and somewhat hydrocephalous in appearance. His forehead is high, and developed to an extraordinary degree. The question of the localization in the brain of such a function is as yet a mystery.

Electricity in the Human Body.

The *Lancet*, May 22d, 1880, contains the following paragraph, on the varying "electrical condition" of negroes, extracted from the *Eastern Morning News*:—

"Most people are familiar with the 'sparks' which may be produced under certain conditions by stroking the fur of a cat; and travelers in Canada and other cold, dry countries have witnessed the still more remarkable phenomenon of the human body being turned into a conductor of electricity, and the possibility of lighting the gas by merely placing one's finger—given the necessary conditions of electrical excitement—near the gas jet, without any other agency. Mr. A. W. Mitchinson, the African traveler, who is engaged in writing a narrative of his exploring expeditions in West Central Africa, gives some still more startling facts. He states that one evening, when striking an African native, in a moment of anger, with a cowhide whip, he was astonished to see sparks produced, and still more surprised to find the natives themselves were quite accustomed to the phenomenon. He subsequently found that a very light touch, repeated several times, under certain conditions of bodily excitement, and in certain states of the atmosphere, would produce a succession of sparks from the bodies of native men as well as native cattle. A lazy nigger, it seems, yielded none of these signs of electricity—a rather unfortunate circumstance for his more active brethren, who may possibly come in for a share of undeserved flogging from the hands of future travelers in search of electrical phenomena among the human race. We are not aware that these facts have been recorded by other travelers, but they certainly deserve thorough sifting by competent observers."

QUERIES AND REPLIES.

Dr. W. P. L. requests information with regard to the cause, effect and treatment of excess of phosphates in the urine.

Dr. H. W. M., of Iowa, asks some one to give him the formula for "Tully's powders."

MARRIAGES.

DARMON—SMITH.—In Milford, N. J., on the 2d of June, by Rev. Isaac M. Patterson, Charles H. Darmon, M.D., and Ella, daughter of William L. Smith, Esq., all of Milford.

LOWRY—VINCENT.—In Watsontown, Pa., June 2d, by Rev. A. M. Lowry, James L. Lowry, M.D., of Armington, Ill., and Rebecca, daughter of Isaac Vincent, Esq.

MERRILL—HALL.—On Thursday, May 27th, 1880, in Newark, N. J., at the residence of the bride's aunt, by the Rev. Joseph T. Duryea, D.D., of Boston, assisted by the Rev. T. Finley, D.D., of Newark, Dr. F. G. Merrill and Caroline Searing, daughter of Thomas J. Hall, both of New York.

MILLER—WARD.—On Thursday evening, June 3d, at St. Matthew's Church, Jersey City, by the Rev. Joseph I. Elsegood, D.D., assisted by the Rev. G. H. Sterling, Dr. Francis Hendria Miller and Lilian Herbert, daughter of John F. Ward.

RICHARDS—ORTON.—On Wednesday, June 9th, 1880, at St. Barnabas Church, Irvington, N. Y., by the Rev. Wm. H. Benjam, Dr. William G. Richards and Alice Lee, daughter of the late Wm. Orton.

SNOW—BIRD.—On May 26th, 188[illegible], at Almont, Mich., by Rev. I. N. Elwood, S. A. Snow, M.D., and Miss Huldah E. Bird, daughter of Rev. S. Bird, of the Detroit Conference.

WOLFORD—ALTEMUS.—On June 3d, 1880, in this city, at Arch Street M. E. Church, by Rev. Dr. Tiffany, W. Scott Wolford, M.D., and Miss Ella M. Altemus, both of this city.

DEATHS.

ARMSTRONG.—Dr. H. Armstrong, a prominent physician and army surgeon, died at Auburn, N. Y., June 8th.

STANCHFIELD.—Bart Stanchfield, son of Dr. J. K. Stanchfield, a prominent physician, died on the 9th inst., of malarial fever, contracted at Princeton College.

THE

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Editorial Department.

THE PAST SIX MONTHS.

With our present number we close the forty-second volume of the Reporter. The last six months have been unusually fertile in the field of medical culture. The classes which were graduated from our numerous medical schools were unusually large, bringing the number of those who received diplomas above that of any previous year. What is better, the requirements of graduation were undoubtedly higher than ever before, insuring a more intelligent class of physicians for the future.

Another occurrence tending to the same end is the more decided position assumed in several States against the nuisance of quack doctors, bogus diplomas, and disreputable colleges. Early in the year the Massachusetts Legislature placed the stigma of its disapprobation on nearly a dozen fraudulent institutions, an example which was much needed, and which has already borne good fruit. Several State boards and a number of medical societies have employed this list with good effect in purging out unworthy members.

The steady progress of the sentiment in favor of longer terms in our medical schools, of more thorough examinations, and the agreement upon a preliminary education of some solidity as a requisite to matriculation, cannot have escaped the notice of any reader of the current literature of the day.

In another direction, the growing respect which the labors of the Boards of Health, National and local, are receiving from the intelligent public is quite gratifying. The opposition which the National Board first met with from those not aware of its exact intentions has almost wholly died out. The Board has already carried out some most excellent reforms, and it is to be hoped will receive the most earnest support from the profession in all quarters.

The meetings of the medical societies have been better attended than usual, and the papers of a scientific character read before them have been of a higher class than usual, indicating more sustained study on the part of their authors. As a rule, a gratifying harmony has characterized the discussions.

Without desiring to present the results of the half year altogether in rose color, it will scarcely be questioned that it has, on the whole, been a gratifying one in its general history. Compared with many antecedent periods of equal duration, it offers the signs of positive advance, and it is cheering and encouraging to note them, as well for the benefit of the confident workers as for the confusion of the croakers and grumblers, who always abound, and who, not having the spirit of labor and faith, spend their time in belittling or doubting the achievements of others. It is to be hoped that the various reforms thus begun may continue to spread with increased vigor.

Notes and Comments.

Metaphosphoric Acid a Delicate Test for Albumen in Urine.

In the great majority of instances the ordinary tests for albumen in urine are sufficient and satisfactory; there is, however, a residuum of cases which raise a doubt in the mind as to its presence. Unfortunately, these are the very cases for which a delicate and unerring test is most required. It is not always easy to determine, by the ordinary tests in use, the presence of albumen in the urine in minute quantities. Nitric acid for all ordinary purposes, when properly used, is a reliable test; but for very small quantities of albumen it fails, even when the greatest care is taken. Dr. W. C. Grigg states, in the *British Medical Journal* for May 29th, 1880, that he has recently made a series of experiments with nitric acid and metaphosphoric acid, and finds that the latter acid will demonstrate the presence of albumen after the former has ceased to give a reaction. His attention was first directed to it by Dr. Dupré, F.R.S. He believes it has been long known to chemists, and used by them as one of the most reliable tests, if not the most reliable, for albumen, but he is not aware that it has been used for clinical purposes.

In using it care should be taken that the solution of metaphosphoric acid is freshly made, and that no heat is applied to dissolve it, as it is a very unstable acid and readily decomposes. The plan he has adopted is to put a piece of metaphosphoric acid about the size of a pea into a drachm of distilled water. The urine can either be added to the solution or the acid solution to the urine. If there be a trace of albumen, the urine will immediately become turbid and of a milky white color. He has recently had an excellent opportunity of testing its accuracy, and strongly recommends a trial of it in the clinical examination of urine.

Treatment of Progressive Myopia.

Le Practicien informs us that at a recent meeting of the Surgical Society of Paris Dr. Abadie read a memoir on partial tenotomy of the ocular muscles as a preventive of development of progressive myopia. Resting on the works of Emmert, of Zurich, and the attempts of Graefe, he attributes posterior staphyloma to the pressure exercised by the external rectus on the optic nerve, during converging movement. When the internal recti are insufficient to maintain the convergence, and there supervene the symptoms of vascular asthenopia, Dr. Abadie weakens the external recti by partially dividing their tendon. The operation, which is very easy, is the same as for ordinary strabismus, except that some median tendinous fibres are spared, which oppose the retraction of the muscle. This is, therefore, weakened without being displaced, precisely the end desired to be attained. This method of treatment has given good results when the use of prismatic glasses had completely failed. It may also be employed in cases where, as the result of incomplete paralysis of one of the muscles of the eye, there exists a troublesome diplopia without true strabismus.

Congenital Variola.

According to *Bulletin de l'Acad. de Med.*, May 4th, 1880, Prof. Depaul related the following case at the Académie de Médecine: A woman gave birth, on April 30th, to a dead and macerated infant, at between the sixth and seventh month. At the end of January she had an attack of non-confluent smallpox, from which she had completely recovered by February 15th. On examination, smallpox pustules were distinctly recognizable on the body of the infant, in spite of its state of maceration. About eighty of these were counted on the chest, neck, back and limbs. The placenta was carefully examined, and presented a great number of points of fatty degeneration—so that it could not be positively affirmed whether the child died in consequence of the variola or of the disease of the placenta. M. Blot referred to a case in which the mother served as a vehicle for the variolic virus without herself becoming attacked. When five months advanced in pregnancy she had been to see a friend who was suffering from smallpox. Some days afterward she had a miscarriage, the fœtus being covered with smallpox pustules, while the mother exhibited no signs of the disease.

Suppuration of Joints after Acute Articular Rheumatism.

Körte reports some cases of this rare affection in the *Berliner Klinische Wochenschrift*, No. 4, 1880. From August, 1877, to June, 1879, six cases were observed in the Bethanien Hospital. In three cases the knee, and in three the ankle were affected in patients who had multiarticular rheumatism. All had been treated with preparations of salicylic acid. The surgical treatment consisted of incisions into the joints, drainage, and antiseptic dressing; it was successful in two

of the ankle cases, but partial resection was required in the third. Resection was necessary in the three knee cases; in these there were found degeneration of the capsule, erosion of the cartilages, and hyperæmia and granulating proliferation in the spongy tissue of the bones. One of the patients died of bedsore after resection. All the patients were women, from twenty-one to forty-eight years of age.

Retention of Saliva.

M. Terrier relates, in *Gaz. Hebdom.*, May 14th, 1880, the case of a man, thirty-five years of age, who complained, after breakfast, of an increase in the size of one of his cheeks. On examination of the parotid region there was found a hard and slightly elastic tumefaction. When the orifice of Steno's duct was examined it was found to be closed by a small aphtha. A lachrymal probe was passed some distance into the duct without any difficulty, and on its withdrawal a large quantity of saliva issued out. There was no calculus in the duct.

Correspondence.

Amputation at the Shoulder Joint.

Ed. Med. and Surg. Reporter:—

The following case may interest some of your readers:—

October 9th, 1879, I was hastily summoned by a messenger from a neighboring town to see a girl, aged eleven years, her arm having been accidentally torn from her body by the cogs of a cane crusher. I arrived at eleven P.M., found the patient lying on the floor, surrounded by anxious friends and curious neighbors. She was suffering extremely from shock. Reaction had been slow. Morphia sufficient to allay pain had been administered per orem by the attending physician. I learned by inquiry that the injury was inflicted about four P.M. The hemorrhage was slight, owing to the torn condition of the vessels. The humerus was separated just above the insertion of the deltoid muscle. The flesh was torn from the remaining portion, leaving the bone projecting from a mass of lacerated tissue. Pectoral muscle, nerves and vessels of the axilla were exposed. The scapula was laid bare by a cut several inches in length. As an operation offered the only chance, I decided to amputate at the shoulder joint. Stimulants were given, after which chloroform was administered by Dr. K. When the patient was fully anæsthetized, I proceeded to disarticulate the humerus. The operation was difficult, on account of the impossibility of restraining the hemorrhage, and disadvantage of an imperfect light, one small lamp being the only means of illuminating the scene. After removing the humerus and as much of the bruised tissue as practicable, sutures were used to bring the parts into apposition. But the extent of surface denuded and the amount of tissue lost forbade the hope of union by first intention. The patient rallied well, pulse became firm, she seemed more comfortable than at any time subsequent to injury. Dr. K. remained in charge.

Saw the patient next day; found her greatly prostrated. Pulse and temperature much below normal, pupils dilated, breathing labored, and delirium, indeed, every indication of speedy death. Ordered stimulants, warmth to extremities, etc., with but little hope of success.

October 11th. Patient was very much better. Pulse had regained its tone, breathing was natural, and nourishment had been taken freely. Examination of wound showed everything favorable. From this time patient passed rapidly on to recovery. On the fourteenth day symptoms of pyæmia were present. This caused some uneasiness, but they disappeared soon, and did not materially affect the prognosis.

Kempton, Ill. G. W. King, M.D.

A Case of Injury to the Spinal Cord, Terminating Fatally.

Ed. Med. and Surg. Reporter:—

Mr. H., aged thirty-six, fell from the top of a rail fence in climbing over it, about one o'clock, on July 3d, 1878. He was found shortly afterward, unconscious, and was thus carried to a house a few rods distant. I saw him about one hour from the time he fell.

Consciousness having returned, the patient could now give an intelligent account of the accident. In returning to his work in the field, he says, in the act of climbing over the fence his foot caught on the top rail, thus throwing him forward; losing his balance he fell over it, his head striking the ground. Upon examination I found a puffed condition of the left temple, but the skin was not broken, a small scratch on the left elbow and also on the left hand; with these exceptions there was no other external injury. He complained of severe pain in the lower part of his neck, and between his shoulders. I could detect no displacement of any vertebra. His lower extremities were completely paralyzed, and the intercostal muscles nearly so, as his breathing was almost entirely abdominal. He could move his arms, but could neither open nor close his hands. His pulse was 60 and regular.

4th. Condition in the morning about the same. Pulse 64, temperature 102. He suffers less, but the paralysis and breathing are unchanged. There is considerable tympanites. Mind clear. Evening. Pulse 72, more feeble: temperature 103½. Tympanites increased. Patient inclined to sleep; when aroused he seems to be perfectly rational.

5th. Morning. No improvement. Suffers no pain. Mind clear. Temperature 102½, pulse 75, and feeble. Tympanites interfering very much with his breathing. Evening. Temperature 104½, pulse 86, very feeble. Breathing much more labored. No pain. Still rational. Paralysis of the intercostal muscles more com-

plete. He has had no difficulty in swallowing nor articulation at any time.

6th. Died at 9 o'clock this morning, in a very severe convulsion, as indicated by the eyes and muscles of the face.

I diagnosed the case injury of the spinal cord in the lower part of the cervical canal.

Treatment.—Sinapisms to the spine, wet cups, repeatedly applied to the neck and between the shoulders. I had the body and limbs frequently sponged with hot mustard water. I gave very little medicine, and that only to satisfy friends of patient that I was doing all that could be done. I knew of no remedy that could restore the continuity of spinal marrow. I used the catheter twice a day; no urine passed without it. The bowels were not moved. I ordered warm water injected into the bowel frequently, which relieved the tympanites very much, but did no other good.

In spite of the care and watchfulness of anxious friends and the feeble efforts of your reporter, patient sank and died as above stated.

Hagerstown, Indiana. C. N. Blount, M.D.

News and Miscellany.

Portuguese Mortality Statistics.

The *Lancet* observes that Spain and Portugal have hitherto been behindhand in the matter of vital statistics, which is the more to be regretted since such information as is available points conclusively to high rates of mortality in both these countries, and trustworthy mortality statistics are almost necessarily the first steps in the direction of sanitary progress. Very recently, however, both countries have showed signs of following the example of the rest of civilized Europe in the publication of official mortality returns. Spain began last September to issue a monthly return of vital statistics for the entire kingdom; we have, however, only seen the first three of these returns, and we are unaware whether their publication has been continued. We hear, moreover, that a system of weekly and monthly statistics for the whole of Portugal has been inaugurated. We have been, however, up to the present time unable to obtain a copy of any of these returns. We have received a copy of a carefully compiled diagram of the mortality in the city of Lisbon during the forty-five years 1834 to 1878. Marginal notes to this diagram show that at the first official census in 1864 the population of the city was 155,346 persons; while at the second enumeration on Jan. 1st, 1878, the population had increased to 203,681. From the recorded number of burials in the two city cemeteries, it appears that the average annual number of deaths in Lisbon during the fifteen years 1864 to 1878 was 6401; and taking the mean population of the city during these fifteen years to be 179,514, it follows that the annual rate of mortality in this city was equal to 35.7 per 1000 during that period. Such a death-rate affords conclusive evidence of low sanitary condition. We also have before us monthly returns for the city of Oporto, relating to the first eight weeks of this year, ending on February 21st. The population of the city and its suburbs is stated to be 108,346 persons, and the 725 deaths reported in this period of eight weeks were equal to an annual rate of no less than 43.6 per 1000 of the population. Judged by its mortality statistics (although those available relate to the winter season, when the death-rate usually shows a marked excess) it appears improbable that the sanitary condition of Oporto is in any way superior to that of Lisbon, where the annual death-rate has averaged 35.7 per 1000 during the past fifteen years. We doubt not that the publication of these mortality statistics, if continued, will soon lead to sanitary reforms, as has been the case in most of the other European cities in which similar returns are published.

Personal.

—Dr. T. D. Crothers, Superintendent of Walnut Hill Asylum at Hartford, Conn., has resigned his position in that institution, and for the future all correspondence should be addressed to his residence in Watertown, Conn.

OBITUARY NOTICE.

Dr. A. V. B. Orr, of Christiana, Lancaster county, Pa., died on the 17th of May, in the 72d year of his age.

The following resolutions were adopted at the funeral, by the physicians present, viz: Drs. Baily, Martin, Houston, Pownall and Plank:—

Whereas, Dr. A. V. B. Orr, has been removed from among us by the hand of death, which exercises no partiality toward old or young, therefore be it

Resolved, That we regret the death of Dr. Orr, as a painful affliction, alike to his family, the profession, and his associates.

Resolved, That as we knew him to be a gentleman, a scholar, an earnest worker and thinker, we feel that we can the more deeply sympathize with his bereaved family in this the hour of their sorrow.

Resolved, That a copy of these Resolutions be furnished the family and printed in the Medical and Surgical Reporter, of Philadelphia, and *New Era*, of Lancaster.

MARRIAGES.

HERRICK—FORD.—On Thursday, June 17th, 1880, at the residence of the bride's father, by the Rev. William Adams, D.D., Harriet, daughter of John R. Ford, Esq., and Everett Herrick, M.D., all of New York city.

HULL—KISSAM.—June 17th, 1880, at the residence of the bride's father, Lakeville, Long Island, by the Rev. Geo. Williamson Smith, Dr. P. L. Hull, of Jamaica, Long Island, and Ella F., daughter of Wm. A. Kissam.

WILLIAMS—WARDEN.—In Otumwa, Iowa, on Tuesday evening, June 8th, 1880, at First Presbyterian Church, by the Rev. H. B. Knight, A. O. Williams, M.D., and Nettie C. Warden, daughter of R. H. and Virginia Warden.

DEATHS.

ALLIN.—Saturday, June 19th, at his late residence, No. 18 East 33d st., after a lingering illness, Charles M. Allin, M.D., of New York.

MASON.—At Paris, France, May 27th, suddenly, after a brief illness, Mary Isabella, wife of Dr. William Mason, and daughter of Mr. George James Webb.

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